DOCUMENT RESUME

ED 450 969 PS 029 323

| | |
|---|---|
| TITLE | The State of the Child [in] Illinois, 2000. A Chapin Hall Report. |
| INSTITUTION | Chicago Univ., IL. Chapin Hall Center for Children. |
| SPONS AGENCY | Lloyd A. Fry Foundation, Chicago, IL.; Field Foundation of Illinois, Chicago.; Polk Bros. Foundation, Chicago, IL.; Chicago Community Trust, IL. |
| ISBN | ISBN-1-931441-00-6 |
| PUB DATE | 2000-00-00 |
| NOTE | 259p.; Funding also provided by Kraft Foods, Inc., the Helen V. Brach Foundation, the Frederick E. and Ida M. Hummel Foundation, the Michael Reese Health Trust, WGN-TV Children's Charities, and the Lumpkin Foundation. |
| AVAILABLE FROM | Chapin Hall Center for Children, University of Chicago, 1313 East 60th Street, Chicago, IL 60637; Tel: 773-753-5900; Fax: 773-753-5940. |
| PUB TYPE | Collected Works - General (020) -- Numerical/Quantitative Data (110) -- Reports - Descriptive (141) |
| EDRS PRICE | EDRS Price MF01 Plus Postage. PC Not Available from EDRS. |
| DESCRIPTORS | Academic Achievement; Child Abuse; *Child Health; Child Neglect; Child Welfare; *Children; Client Characteristics (Human Services); Demography; Disabilities; Enrollment; Family Structure; Mental Health; *Poverty; Program Descriptions; Racial Differences; *Social Indicators; Tax Credits; Trend Analysis; Violence; Welfare Recipients; Welfare Services; *Well Being |
| IDENTIFIERS | Earned Income Tax Credit; *Illinois; *Indicators; Living Arrangements; University of Chicago IL |

ABSTRACT

This report is the third to document the condition of children in the state of Illinois and the performance of the policies and programs designed to serve them over the past decade. One of the main themes emerging from the findings is the increasing diversity of the Illinois child population, in terms of both racial and ethnic groups and the family structures in which Illinois children live. Statistics are presented in the following chapters: (1) "Three Million Children" (Allen Harden and John Dilts); (2) "Child Living Arrangements and Family Structure" (Allen Harden, Bong Joo Lee, and Michael Weir); (3) "Children in Poverty" (Bong Joo Lee and Michael Weir); (4) "Child Health" (Lucy Mackey Bilaver, John Dilts, and Jaqueline Moore); (5) "Education" (Bong Joo Lee, Tamara Perry, and Barbara Ray); (6) "Children and Violence" (John Dilts, Bong Joo Lee, Jolyon Wurr, Michael Weir, Clark Peters, and Jaqueline Moore); (7) "Child Welfare" (Lucy Mackey Bilaver and Robert Goerge); (8) "Children with Special Needs" (Robert Goerge and Lucy Mackey Bilaver); (9) "Multiple Program Participation" (Robert Goerge, Bong Joo Lee, and Mairead Reidy); and (10) "Economic Supports" (Mairead Reidy and Michael Weir). Some notable trends identified in the well-being of Illinois children include a drop in the teen birthrate, improvement in children's economic status, stable or improving child health, overall improvements in many key educational outcomes, declines in the number of homicides involving children, and declines in the number of children who were victims of abuse or neglect. Nevertheless, 10 percent of Illinois children have physical, developmental, behavioral, or emotional conditions

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that require health and other services. Further, African American and Hispanic children remain at greater risk than European American children of being killed before reaching adulthood. The report concludes with information on data sources and data collection and availability. (KB)

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## Illinois: 2000

# The State of the Child

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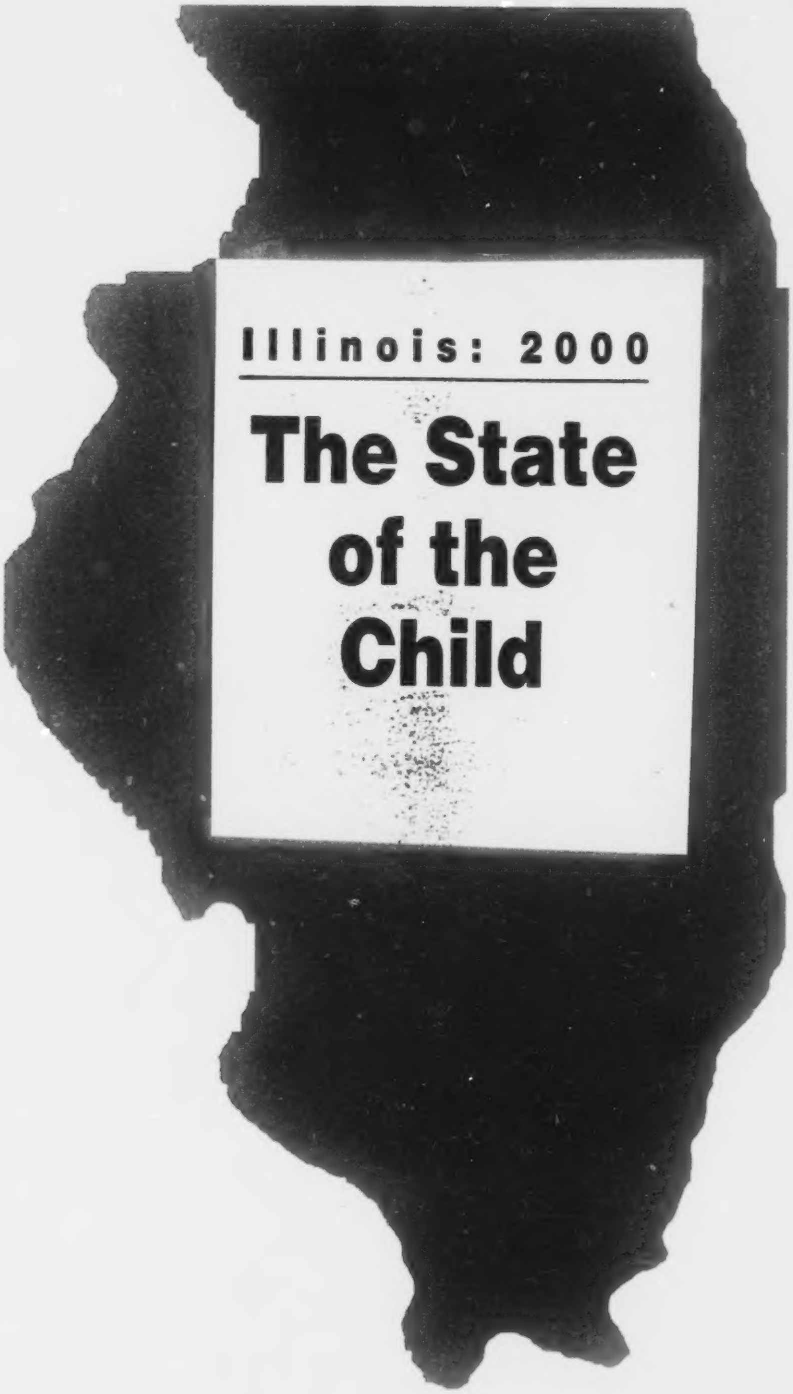

## Illinois: 2000

# The State of the Child

Robert Goerge
Bong Joo Lee

Chapin Hall Center for Children
at the University of Chicago

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CS-66
ISBN: 1-931441-00-6

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# PREFACE

In 1980, researchers at the Social Policy Research Center at the University of Chicago produced a volume entitled *The State of the Child in Illinois: 1980.* This was the first attempt to capture and present sound, timely, and comprehensive information on the condition of children in Illinois. The report received extensive attention from policy makers, service providers, child advocates, other researchers, and the media. It was held up, literally, by then-Governor James Thompson as "one of the most important reports ever produced in the state." Because of these responses, the first *State of the Child in Illinois* helped to start children's climb to an appropriate place on the state's public policy agenda.

Five years later, some of the same researchers sought to update the view of the state's children provided in the first *State of the Child*, and thus *State of the Child in Illinois: 1985* was created. By the time of the second volume's publication, it, and the researchers, had a new institutional home, Chapin Hall Center for Children at the University of Chicago, established at the University in 1985.

The second volume of *The State of the Child* again focused public attention on the condition of children in Illinois and the performance of the policies and programs designed to serve them. And, again, there was gratifying public response. On this occasion, the most noteworthy response came in the form of action from a group of concerned citizens who established Voices for Illinois Children, the first comprehensive child advocacy group in Illinois, which continues to advocate for children to the present moment.

As we approached the turn of the century and the millennium, we saw again an opportunity to focus attention on children, as part of the societal reflection that generally takes place at such temporal landmarks, and to add light to the discussions that would take place.

We are pleased to report in these pages that there is substantial progress on many of the key dimensions of children's lives. But the data we have assembled and analyzed reveal as well substantial room, and sometimes urgent need, for additional improvement. This is perhaps especially true of the disparity in condition between African American and white children. Although the magnitude of this disparity has decreased in many areas, in others—such as poverty, violence, and health—it continues and is a major cause for concern. As in previous volumes, I urge concerted attention to the disturbing persistence of this disparity.

We hope that this volume will serve as a useful tool for those who seek, and work, to improve the condition of Illinois's children.

Harold A. Richman
Executive Director
Chapin Hall Center for Children
at the University of Chicago

December 2000

# ACKNOWLEDGMENTS

This volume, *The State of the Child in Illinois: 2000* is the result of the work of researchers within and outside of Chapin Hall Center for Children at the University of Chicago, and the generosity of the organizations that allowed us access to the data on which the volume is based—the Illinois Department of Human Services, Illinois Department of Children and Family Services, Illinois Department of Public Aid, Illinois Criminal Justice Information Authority, and the Center for Budget and Policy Priorities.

In addition to the authors of each chapter, who are listed in the volume, many experts from other institutions and agencies generously provided in-depth reviews of and feedback on the chapters:. They are: Anthony Bryk of the Consortium on Chicago School Research at the University of Chicago; Ariel Kalil and Robert Michael of the Irving B. Harris Graduate School of Public Policy Studies at the University of Chicago; Greg Duncan of Northwestern University; Gloria Johnson-Powell of the University of Wisconsin, Madison (formally at Chapin Hall Center for Children); Jim Dimas, Dave Gruenenfelder, Karan Maxson, and Tony Fuhrmann of the Illinois Department of Human Services; Mark Testa of the Illinois Department of Children and Family Services; Laura Landrum of the Illinois Department of Public Health; Paula Jaudes of La Rabida Children's Hospital and Research Center; and John Woncheck of the Center for Budget and Policy Priorities.

We also owe thanks to our reviewers within Chapin Hall—Harold Richman, John Schuerman, Fred Wulczyn, and Ada Skyles—whose counsel improved the volume substantially.

The completion of this volume would not have been possible without the careful editorial expertise provided by Barbara Ray, Anne Clary, and Laurie Juliana. Each of the authors prepared his or her chapter in consultation with the editors, whose suggestions and modifications made the volume a uniform, cohesive piece. We would also like to thank Lisa Sanfilippo for her efforts in organizing and compiling information on the data sources.

A number of funders have generously supported the research, analysis, production, and dissemination of the volume. They are Kraft Foods, Inc., Helen V. Brach Foundation, Frederick E. and Ida M. Hummel Foundation, Lloyd A. Fry Foundation, The Field Foundation of Illinois, Inc., Polk Bros. Foundation, Michael Reese Health Trust, WGN-TV Children's Charities, The Lumpkin Foundation, and The Chicago Community Trust.

Last but not least, we would also like to thank especially the editors and authors of the previous volumes of *The State of the Child*, namely Mark Testa, Fred Wulczyn, and Edward Lawlor, who provided a framework and model that we could replicate.

# INTRODUCTION

We publish *The State of the Child in Illinois: 2000* as we enter a new millennium, against the backdrop of the late 1990s—a period of significant policy change both federally and within the state of Illinois. The past decade saw school reform, welfare reform, child welfare reform, and dramatic changes in juvenile justice policies, along with a growing economy and reduced unemployment. Many of the new policies are just being fully implemented and their effects are only beginning to be observable. Our goal with this volume is to provide a baseline by which to measure Illinois children's well-being today and in the future.

This volume is intended to provide a balanced, nonpartisan snapshot of the state of the child in Illinois over the past decade. We have attempted to address all the major domains of children's lives in which there is sufficient high-quality information available. We have chosen indicators that each of the respective fields of children's policy agree are most relevant to understanding child well-being.

The tradition of Chapin Hall's *State of the Child* volumes has been to provide the indicators with as little analysis as to their meaning or causes as possible. However, we include information that may allow the reader to make his or her own interpretations, with the intention of contributing to both the dialogue and debate on topics of child well-being.

We hope that the volume is useful for our elected leaders, child advocates, public and private agency administrators, the media, professionals in all child- and family-serving fields, community-based organizations, and the public at large.

## Themes in This Report

One of the main themes surfaced throughout the volume is the increasing diversity—in many important aspects—of the Illinois child population. Although the size of the child population has remained fairly stable since the last volume, and we expect only modest growth in the near future, the racial and ethnic composition of the population is changing in Illinois. The projections based on the recent population growth patterns by racial and ethnic groups indicate that, whereas the white child population is decreasing gradually in size, the minority child population is expected to continue to grow. In fact, in 30 years in Illinois, the combined African American, Hispanic, and Asian-other group will surpass the white population in size. It is clear that our plans and policies for children must anticipate the coming minority growth and ensure that these children find the opportunities and the resources to participate fully in the mainstream of economic life.

When we consider the family structures in which Illinois children live, we find that today's children are reared in more diverse family situations than ever. Approximately 1 million children in Illinois today are living in other types of household arrangements than a typical two-parent family, and this number is increasing. For example, the number of children living in mother-only homes, which accounts for the vast majority of those children, increased 13 percent during the 10 years from 1985 to 1995. The societal consequences of the shifts in family arrangements of Illinois children will be in part dependent on how much our plans and policies make allowances for the diversity of family systems in which children live.

## Summary

How have Illinois children fared since the mid-1980s? The findings in the report suggest that the answer is mixed. Despite the fact that Illinois made important improvements in several indicators of child well-being, there are other areas that need much attention and improvement. Below are some noticeable trends that emerge when we take a comprehensive look at the changes in the well-being of Illinois children during the last decade:

- The teen birthrate has dropped fairly sharply during the recent period, resulting in the lowest share of teen births among all births (12.4% in 1998) since the early 1960s. However, the percentage of births that have occurred outside of marriage has increased constantly throughout the period. As of 1998, 34 percent of all births reported in Illinois were to mothers who were unmarried at the time of childbirth.

- The economic status of Illinois children improved in recent years, as evidenced by a modest but sustained drop in the proportion of children living in poverty from 22.3 percent in 1985 to 20.6 percent in 1995. However, a significant gap in economic well-being across various socioeconomic groups of Illinois children still exists. In particular, the differences across racial and ethnic groups and family structure are striking. The most recent data suggest that African American children were more than 5 times as likely and Hispanic children were more than 3 times as likely as white children to live in poverty. With regard to family structure, more than one-half (51%) of all Illinois children living with only their mothers in 1995 lived in poverty, compared with less than 8 percent of the children living with two parents.

- On many levels, the health of Illinois children is stable or improving. More specifically, aspects of health that can be addressed through medical care are continuing to be addressed, with evident success. One clear example is the decline in the infant mortality rate from 12 deaths per 1,000 live births in 1985 to 8.6 in 1998. However, there is less progress in preventing many avoidable health problems. For example, the incidence of low birth weight rose slightly from 7.4 percent in 1985 to 8 percent in 1998.
- Illinois students showed overall improvements in many of the key educational outcomes, such as attendance rate, school completion rate, and standard academic achievement test scores. In particular, Chicago public school students showed marked improvement in areas such as graduation rate, where the rate rose from 49 percent in 1994 to 65 percent in 1998. Nevertheless, educational outcomes for Chicago public school students are still lagging behind those of their counterparts in the rest of the state. By comparison, for example, the graduation rate for students in suburban Cook County was 86 percent in 1998.
- Most Illinois children will never be victims of a serious violent crime, nor will they commit such an act. However, exposure to or fear of violence of a less serious nature is a reality for many children. In 1995, about 6 percent of Illinois high school students statewide and about 17 percent of Chicago students reported feeling unsafe going to school. In the same year, about 21 percent of Illinois high school students reported having carried a weapon and 7 percent of them reported having carried a gun.
- Since the mid-1990s, the number of homicides involving children in Illinois has been declining, following a pattern seen in crime in general. The child mortality rate due to nonaccidental injuries decreased to 6 deaths per 100,000 children in 1998 after reaching 9.7 deaths per 100,000 children in 1994, its highest level in the decade. Although the overall homicide rate has been declining, vastly different levels of risk of being killed before reaching adulthood remain across different

racial and ethnic groups. In 1998, African American children were 8 times and Hispanic children were 3 times as likely as white children to die as a result of violence.

- After sharp rises in the number of children reported and substantiated as victims of abuse or neglect and entering foster care during the mid-1980s and early 1990s, trends in recent years show much needed improvement. The number of children who were indicated victims of either abuse or neglect declined 29 percent between 1994 and 1999. The number of children in foster care has also begun to decline in recent years.
- A sizable proportion of Illinois children have physical, developmental, behavioral, or emotional conditions that require health and other services of a type or amount beyond those required by children generally. In FY 1994, about 10 percent of all Illinois children received various types of services designed to meet those special needs.

### How it Was Done

This volume is the result of the efforts of Chapin Hall researchers as well as the reviews and comments of many experts in Illinois. As with past *State of the Child* volumes, we have attempted to exclude commentary, speculation, and advocacy. As best we could, we presented the indicators against the backdrop of policy and programs without making evaluative statements.

### What Is Not Included

Although most chapters in the volume take advantage of new data sources not available for the 1986 volume, there are still important issues in children's lives that are not addressed. Information on the effects of neighborhood conditions and resources on children's lives will be the focus of *The Neighborhood State of the Child Statistical Compendium*, an addendum to this report, which will provide information at the Chicago area community level (where it is available). The analysis of the 2000 Census is only beginning as this volume is published; the most current detailed information on child and family demographics—the enumeration of the population that can support neighborhood-level analyses between censuses—is not yet available. We hope that the new surveys being implemented by the Census Bureau, namely the American Community Survey, which is intended to provide community-level data at points in between each decennial census, will address this gap in our time series.

The information on primary supports—those normative activities and resources, such as sports teams, church groups, arts programs, and the like, that are available to greater and lesser degrees in all communities—is also still meager. There is a major gap in our knowledge concerning how children spend their out-of-school time. What children do after school and outside of the formal human service system is only known on a piecemeal basis for certain communities or subpopulations, and not for the state as a whole, and the information that we do have is not current.

We would also have liked more information on the civic life skills of youth—the knowledge, skills, values and attitudes that are fundamental to democracy, and more on personal life skills—including technological skill, and intrapersonal and interpersonal skills and resources. Currently, there is no systematic data collected on these subjects at the state level, which prevented us from presenting any data on the topic.

As we go into the next century, we hope that data will become available that can describe the state of the child in new and better ways. Our "information age" should offer better opportunities to monitor the state of the child, just as society is able to better monitor other populations and areas of social life.

CHAPTER 1

# THREE MILLION CHILDREN—THE DEMOGRAPHICS OF CHILDHOOD IN ILLINOIS

The United States Bureau of the Census estimates that about 3.18 million children (defined as persons below the age of 18) resided in Illinois in 1999. This chapter describes the Illinois child population by examining its size, its distribution among regions of the state, and its composition by age and by racial and ethnic groups. Recent population trends provide a context for our description of the current status of children in Illinois. We also project child population trends into the next generation as an aid for envisioning and planning for the near-term future. The following chapters of *The State of the Child* describe the life conditions of these children and explore many of the specific issues that influence their current and future well-being.

## Trends in the Numbers of Children

Because children are highly dependent on parents, other adults, and the public sector for their care, protection, training, and guidance, the size and composition of the child population are critically important for policy making and public planning. The demand for schools and teachers, for child care arrangements, and for all public services and social supports directed toward children and families is largely determined by the number of children who need them, as well as by other factors in their lives.

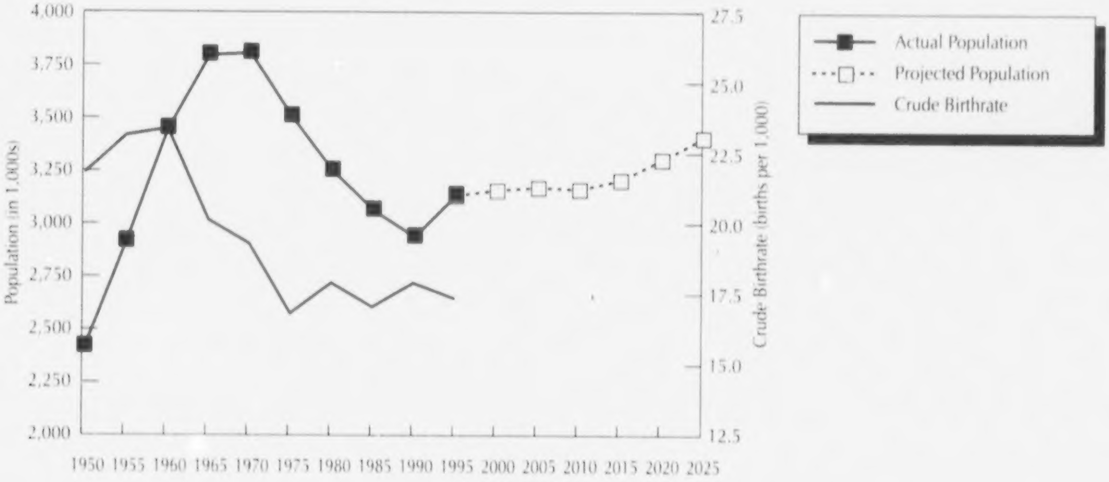
The public impact of child population shifts has been particularly apparent in recent generations. The American baby boom in the decades following the Second World War produced a significant bulge in the child population. These baby boomers have now reached middle age, and as they pass through the lifespan, their numbers continue to shape age-related institutions. Figure 1–1 shows the size of the Illinois child population at 5-year intervals from 1950 through 1995 and U.S. Bureau of the Census projections for the size of the Illinois child population at 5-year intervals through the year 2025. These projections are

*This chapter was prepared by Allen Harden and John Dilts.*

based on the current age structure of the entire population and the best available assumptions regarding future fertility, mortality, and migration behaviors. Figure 1–1 also shows a graph of *crude birthrates* for the Illinois population at 5-year intervals from 1950 through 1995.[1]

Figure 1–1 documents the rapid growth in the Illinois child population during the baby boom of the 1950s and 1960s. The Illinois child population reached its peak in 1968, with 3.85 million children under age 18 living in the state. As the figure shows, two decades of steady increases in the number of children were immediately followed by two decades of steady decline. As the boomers gradually aged into the adult population throughout the 1970s and 1980s, they were not replaced by equally large numbers of children, and the size of the child population decreased. The 2.93 million children and youth counted in the 1990 census represented the smallest Illinois child population since the mid-1950s, and a 24 percent decrease from the 1968 peak. Since 1990, the trend has started to reverse once again. The size of the child population has slowly begun to grow, reaching 3.17 million by 1997. Thus, during most of the time that has passed within the recent experience and memory of one full generation, the prevailing trend in the number of children in Illinois has been substantially downward.

**Figure 1–1. Illinois Child Population, 1950–2025, and Crude Birthrate, 1950–1995**



*Sources:* U.S. Department of Commerce, Bureau of the Census. Census of Population and Housing, 1990 [United States]: Summary Tape File 3A [State Files] [Computer file]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 1992 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, series P-25, various numbers; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; U.S. Department of Commerce, Bureau of the Census, "Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025" (PE-45); Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1995 (Chapin Hall staff analysis).

*The child population of Illinois has fluctuated over the past half-century. After reaching a peak of 3.85 million in 1968, the child population dropped to a low of 2.93 million in 1990, then grew to 3.17 million by 1997. Slow growth is predicted for the near future, to a projected 3.38 million by 2025.*

The forces that lead to changes in child population are most strongly associated with birth patterns, which, in turn, depend both on fertility patterns and on the age composition of the adult population. Because most babies are born to parents in early- to mid-adulthood, both the proportion of adults who are in their childbearing years and the likelihood that these adults will bear children are important factors that influence the rate of growth in the child population. The adult age structure, in turn, is largely the product of previous population patterns. The other components of population change, mortality and migration, have had a smaller effect than fertility on the overall size of the child population, although migration, in particular, has made a significant contribution to the size and distribution of certain subgroups of children.

Figure 1–1 shows that growth in the child population follows periods with higher birthrates, and that decline in the child population follows periods with lower birthrates. Crude birthrates are population-level measures that are influenced by both age structure and fertility levels; they do not distinguish the contribution made by any component or subgroup. Many planners anticipated that the child population would increase dramatically during the 1970s when the majority of the baby boomers entered their childbearing years. Indeed, if this group of adults had exhibited the fertility patterns of its parents, a large echo of the baby boom would have appeared in the child population. The fact that growth did not occur in the 1970s indicates that fundamental changes had taken place in the childbearing behavior of Illinois adults. These changes include the delay of marriage and childbearing, and a trend toward smaller families.

Because crude birthrates have remained fairly stable at pre-boom levels in recent years, there is no evidence to expect rapid growth in the child population in the near future. The projections of future child population size that are presented in Figure 1–1 reflect this and suggest that we should expect continued, but modest, growth in the number of Illinois children for the next quarter-century. These estimates predict that increases over the next 15 years will be minimal and that the pace of growth will increase slightly more from years 2010 through 2025.

## Age Groups and Dependency

Although the absolute number of children in the state has important planning implications, it is also important to consider the proportion, or population share, of children relative to other parts of the population. The nature of childhood is such that children rely on adults for their support and well-being, and the demands that caring for children places on the adult population are best described on a per capita basis. The elderly population also is usually considered to be dependent on the younger, and economically productive, adult sector for support. Table 1–1 shows the population of Illinois from 1950 to 1995 (and projected through 2025) for three broad age groups: children and youth (ages birth to 17), adults (ages 18 to 64), and the elderly (ages 65 and over).

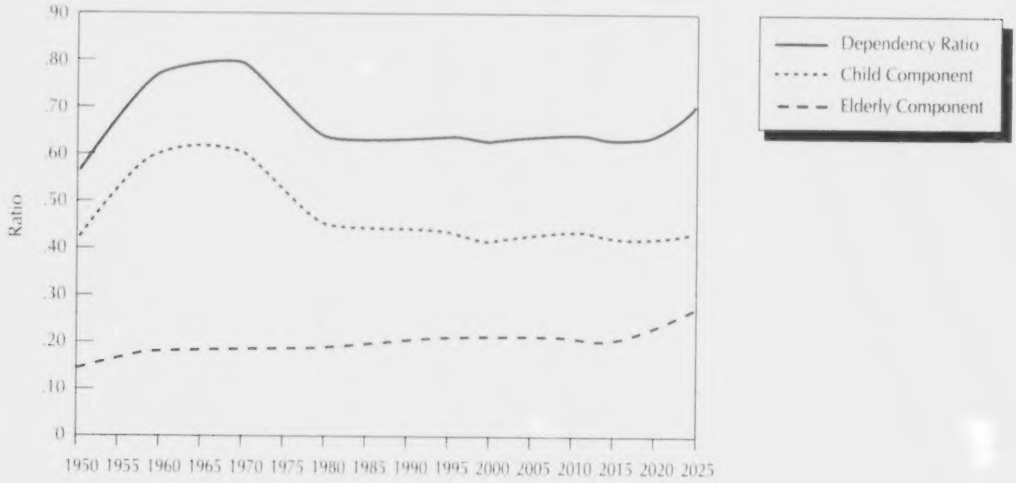
*Dependency ratios* are used to indicate the demands that supporting the less productive segments of the population places on the more productive adult population. A dependency ratio is computed as the sum of the child and elderly populations divided by the adult population—ages 18 to 64. This measure gives the ratio of the presumably dependent to the presumably productive sectors of the population.[2] Figure 1–2 presents dependency ratios for the Illinois population for the years 1950 through 2025. Also

**Table 1–1. Population of Illinois by Broad Age Categories, 1950–2025**

| | | Population Counts | | | Percent Distribution | | | Source |
|---|---|---|---|---|---|---|---|---|
| Year | State Total | Children 0 to 17 | Adults 18 to 64 | Elderly 65+ | Children 0 to 17 | Adults 18 to 64 | Elderly 65+ | |
| 1950 | 8,672,000 | 2,407,000 | 5,514,000 | 751,000 | 27.8 | 63.6 | 8.7 | Census |
| 1960 | 10,081,000 | 3,439,000 | 5,668,000 | 975,000 | 34.1 | 56.2 | 9.7 | Census |
| 1970 | 11,114,000 | 3,797,000 | 6,228,000 | 1,089,000 | 34.2 | 56.0 | 9.8 | Census |
| 1980 | 11,426,518 | 3,241,724 | 6,922,909 | 1,261,885 | 28.4 | 60.6 | 11.0 | Census |
| 1985 | 11,399,830 | 3,054,546 | 6,987,593 | 1,357,691 | 26.8 | 61.3 | 11.9 | Estimate |
| 1990 | 11,430,602 | 2,947,821 | 7,048,401 | 1,434,380 | 25.8 | 61.7 | 12.5 | Census |
| 1995 | 11,790,379 | 3,125,902 | 7,181,236 | 1,483,241 | 26.5 | 60.9 | 12.6 | Estimate |
| 2000 | 12,050,818 | 3,140,343 | 7,427,367 | 1,483,108 | 26.1 | 61.6 | 12.3 | Projection |
| 2005 | 12,266,408 | 3,151,832 | 7,619,803 | 1,494,773 | 25.7 | 62.1 | 12.2 | Projection |
| 2010 | 12,514,912 | 3,141,814 | 7,807,673 | 1,565,425 | 25.1 | 62.4 | 12.5 | Projection |
| 2015 | 12,807,836 | 3,183,744 | 7,889,378 | 1,734,714 | 24.9 | 61.6 | 13.5 | Projection |
| 2020 | 13,121,018 | 3,279,693 | 7,880,203 | 1,961,122 | 25.0 | 60.1 | 14.9 | Projection |
| 2025 | 13,439,857 | 3,380,221 | 7,826,339 | 2,233,297 | 25.2 | 58.2 | 16.6 | Projection |

*Sources:* U.S. Department of Commerce, Bureau of the Census, Census of Population and Housing, 1990 [United States]: Summary Tape File 3A [State Files] [Computer file]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 1992 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, 1950, 1960, 1970, and 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; U.S. Department of Commerce, Bureau of the Census, "Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025" (PE-45).

**Figure 1–2. Illinois Dependency Ratios with Child and Elderly Components, 1950–2025**



*Source:* Computed from Table 1–1

represented are the separate contributions of child dependence and elderly dependence to the overall ratio. The huge impact of the child population growth during the 1950s through the 1970s is evident again in the dependency ratios. In the late 1960s, there were more than six children for every ten adults ages 18 to 64, and the full dependency ratio (including both children and elderly) reached .78. The level of child dependency decreased by almost one-third between 1970 and 1990, as the child population dropped and the adult population sustained slow growth.

Dependency ratios are also computed from the age distributions of the projected populations.[3] These estimates suggest that dependency levels can be expected to remain stable or decrease moderately for the next 10 years because the adult population is projected to grow at a slightly greater rate than either the child or the elderly population. The projections also indicate that, based on the best current information, we now expect the dependency ratio to begin increasing after the year 2010. A portion of this shift will be caused by child population growth, but we anticipate that more substantial growth will take place in the elderly population as the boomers begin to reach retirement age. In 1950, the elderly dependency ratio in Illinois was .14; by 1997, it had increased to .20. By the year 2025, we expect it to reach .29.

A generation from today, the elderly population share will be more than twice as large as it was one generation ago. Already, there is much discussion about the demands

*Since 1980, the number of children living in the collar counties surrounding Cook County has increased, while the number of children living in Cook County and in the balance of the state has decreased slightly.*

that a growing elderly population will make on programs such as Medicare and Social Security. This changing composition of the dependent population is potentially significant for the future children of Illinois. The new needs posed by a growing elderly population could compete directly with efforts to maintain and extend services and resources that are needed for children.

## Urban and Suburban Children

Much of the population movement over the past century in the United States has involved a gradual shift from primarily rural to primarily urban living, and more recently, widespread movement from the central cities to suburban areas. In 1997, Cook County (which contains the city of Chicago and a number of the near suburbs) had a total population of 5.1 million persons (43% of the total population of Illinois). The collar counties (DuPage, Kane, Lake, McHenry, and Will) had a total of 2.5 million persons (21% of the state total). The balance of the state had 4.3 million persons (36% of the state total). Thus, the Chicago metropolitan area contains almost two-thirds of the state's population.

The ongoing process of suburbanization is reflected in the fact that, in 18 years (1980–1997), the population of the collar counties grew 37 percent, while both Cook County and the balance of the state lost population (–1% and –3%, respectively). A gradual redistribution of the state's child population has accompanied this process. Since 1980, the number of children living in the five collar counties around Chicago has increased from 570,000 to 723,000. Over the same period, the child population of Cook County decreased from 1.45 million to 1.32 million, and the child population in the balance of the state decreased from 1.21 million to 1.12 million.

The combined effect of these shifts is that the share of the state's children living in the collar counties has increased from 18 percent to 23 percent between 1980 and 1997. Children also make up a higher percentage of the total population in the collar counties (29% in 1997) than they do in Cook County (26%) and the balance of the state (26%). The continuing concentration of the child population in suburban areas has important policy implications for both state and local officials as demand for education, child care, and other services increases in these areas.

## Race, Ethnicity, and Region

Descriptions of population characteristics that use aggregate state or regional totals can suggest a stability that masks important differences among social groups. The demographic characteristics of racial and ethnic subpopulations in Illinois show substantial variation that has a marked effect on the child populations of these groups.

The most visible difference between racial and ethnic subgroups is their uneven geographic distribution across the state. Table 1–2 shows the 1997 distribution of Illinois children by race and ethnicity for

**Table 1–2. Illinois Child Population by Race/Ethnicity and Three Geographic Regions, 1997**

| **Child Counts** | Region of Illinois | | | |
|---|---|---|---|---|
| **Racial/Ethnic Group** | Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 513,648 | 560,197 | 962,476 | 2,036,321 |
| African American | 425,604 | 47,534 | 108,155 | 581,293 |
| Hispanic | 317,589 | 83,165 | 35,667 | 436,422 |
| Asian-other[b] | 67,879 | 32,515 | 15,122 | 115,515 |
| Total Children | 1,324,720 | 723,411 | 1,121,419 | 3,169,550 |

| **Racial/Ethnic Composition of Regions** | Region of Illinois (in %) | | | |
|---|---|---|---|---|
| **Racial/Ethnic Group** | Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 39 | 77 | 86 | 64 |
| African American | 32 | 7 | 10 | 18 |
| Hispanic | 24 | 11 | 3 | 14 |
| Asian-other[b] | 5 | 4 | 1 | 4 |
| Total Children | 100 | 100 | 100 | 100 |

| **Regional Distribution of Racial/Ethnic Groups** | Region of Illinois (in %) | | | |
|---|---|---|---|---|
| **Racial/Ethnic Group** | Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 25 | 28 | 47 | 100 |
| African American | 73 | 8 | 19 | 100 |
| Hispanic | 73 | 19 | 8 | 100 |
| Asian-other[b] | 59 | 28 | 13 | 100 |
| Total Children | 42 | 23 | 35 | 100 |

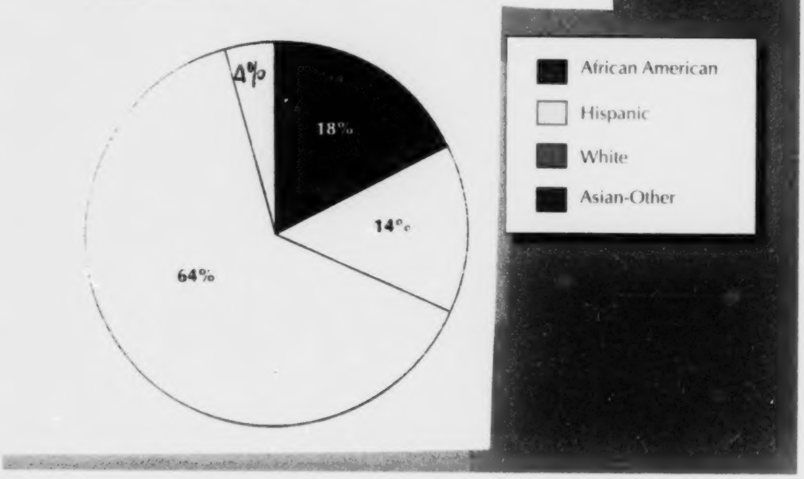
*Source:* U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

*Note:* Percents may not sum to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

**Racial-Ethnic Diversity of Illinois Children, 1997**



three regions of the state. Statewide, almost two-thirds (64%) of Illinois children are white, 18 percent are African American, 14 percent are Hispanic, and 4 percent fall in the "Asian-other" category, which includes mainly Asian children.[4] In Cook County, no single group holds a majority. The largest group in Cook County is white children, composing 39 percent of the county's child population, while almost one-third (32%) are African American, and almost one-quarter (24%) are Hispanic. White children do form a clear majority in the other two regions of the state. Almost four-fifths of the children in the collar counties are white, with just over one-tenth Hispanic and fewer than one-tenth African American. The balance of the state has an even larger white majority (86%); 10 percent of children are African American and only 3 percent are Hispanic.

The state's minority child populations are clearly concentrated in Cook County. A large majority of all African American and Hispanic children in Illinois reside in Cook County (73% of each group), as do the majority of children in the category classified as Asian-other (59%). In contrast, only one-quarter (25%) of white children in Illinois reside in Cook County. Outside of Cook County, more than twice as many of the remaining Hispanic children are located in the collar counties as elsewhere in the state, while, in contrast, more than twice as many of the remaining African American children live in the balance of the state as in the collar counties.

The uneven racial-ethnic geographic distribution of children is even more apparent when looking at local areas. Within Cook County, for example, most of the children identified as African American and Hispanic are concentrated in Chicago, while the suburban portion of the county has a large majority of white children. Table 1–3 shows the distribution of children by race/ethnicity for Chicago, suburban Cook County, the collar counties, and the balance of the state. The data are from 1990, the most recent data available for the regions noted.

In Chicago, almost one-half (47%) of all children in 1990 were African American, over one-quarter (27%) were Hispanic, 22 percent were white, and 4 percent were Asian-other. Chicago, with one-

## Table 1–3. Illinois Child Population by Race/Ethnicity and Four Geographic Regions, 1990

**Child Counts**

| | Region of Illinois | | | | |
|---|---|---|---|---|---|
| **Racial/Ethnic Group** | City of Chicago | Suburban Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 156,469 | 403,161 | 493,261 | 933,912 | 1,986,803 |
| African American | 339,035 | 75,927 | 37,391 | 94,568 | 546,921 |
| Hispanic | 198,916 | 50,880 | 51,347 | 24,002 | 325,145 |
| Asian-other[b] | 29,062 | 26,989 | 21,621 | 11,279 | 88,952 |
| Total Children | 723,482 | 556,957 | 603,620 | 1,063,762 | 2,947,821 |

**Racial/Ethnic Composition of Regions**

| | Region of Illinois (in %) | | | | |
|---|---|---|---|---|---|
| **Racial/Ethnic Group** | City of Chicago | Suburban Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 22 | 72 | 82 | 88 | 67 |
| African American | 47 | 14 | 6 | 9 | 19 |
| Hispanic | 27 | 9 | 9 | 2 | 11 |
| Asian-other[b] | 4 | 5 | 4 | 1 | 3 |
| Total Children | 100 | 100 | 100 | 100 | 100 |

**Regional Distribution of Racial/Ethnic Groups**

| | Region of Illinois (in %) | | | | |
|---|---|---|---|---|---|
| **Racial/Ethnic Group** | City of Chicago | Suburban Cook County | Collar Counties[a] | Balance of the State | Illinois Total |
| White | 8 | 20 | 25 | 47 | 100 |
| African American | 62 | 14 | 7 | 17 | 100 |
| Hispanic | 61 | 16 | 16 | 7 | 100 |
| Asian-other[b] | 33 | 30 | 24 | 13 | 100 |
| Total Children | 25 | 19 | 20 | 36 | 100 |

*Source:* U.S. Department of Commerce, Bureau of the Census. Census of Population and Housing, 1990 [United States]: Summary Tape File 3A [State Files] [Computer file]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 1992 (Chapin Hall staff analysis).

*Note:* Percents may not sum to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

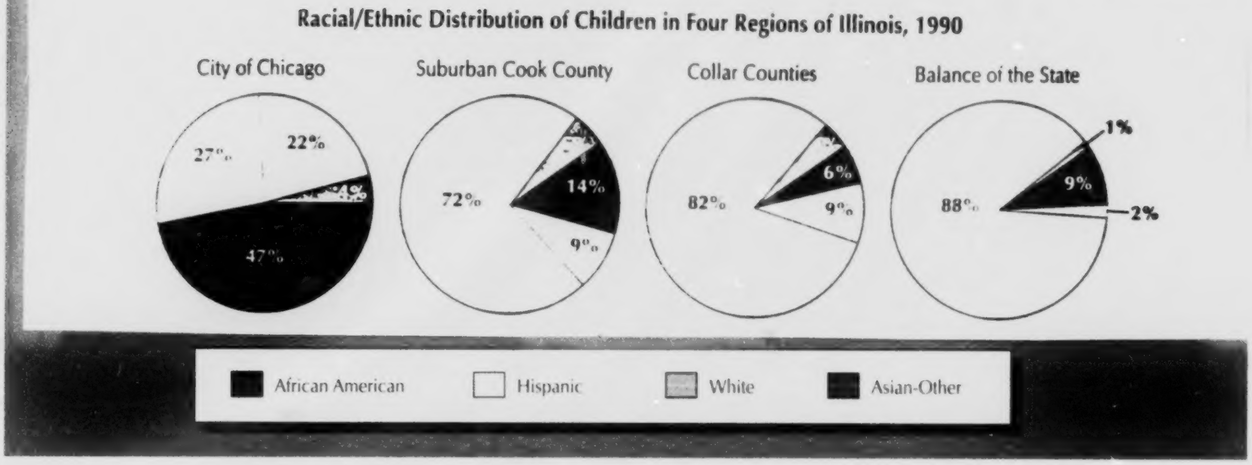
[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

quarter of the state's child population, was home to fewer than one-tenth (8%) of the white children in Illinois in 1990. In contrast, in the suburban portion of Cook County, 72 percent of the children were white, 14 percent were African American, 9 percent were Hispanic, and 5 percent were Asian-other.

The concentration of African American children in urban places is characteristic for Illinois. Even outside of the Chicago area, most of the African American children in Illinois reside in a few counties with major urban centers, such as East St. Louis, Peoria, and Rockford. The Hispanic child population is also highly urbanized, with 61 percent living in Chicago. However, about one-third (32%) of the state's Hispanic children live in the Chicago suburbs (suburban Cook County and the collar counties), while only 7 percent live in the balance of Illinois. Over one-half (54%) of the Asian-other child population lives in the suburban areas around Chicago, while one-third (33%) lives in Chicago.

Although the statewide counts suggest that Illinois children are relatively diverse in ethnic background, these observations make it clear that diversity is not characteristic of all parts of the state. Indeed, outside of Chicago, over four-fifths (82%) of Illinois children are white (see Table 1-3). Some places in Illinois, with Chicago being the most visible, do include a substantial mix of children from different backgrounds. Yet, even in Chicago, citywide heterogeneity alone does not mean that substantial interaction occurs among all children of different backgrounds, as ethnic clustering and residential segregation characterize many of its local communities.

The four racial and ethnic categories described in this section only begin to represent the rich diversity found in the ethnic and cultural backgrounds of Illinois's children. Illinois, and Chicago in particular, has been the destination for large numbers of immigrants from abroad. The 1990 Census counted 952,300 foreign-born persons living in Illinois, with 75 percent of these residing in Cook County, and 2.4 million persons who were first- or second-generation residents of the



**Racial/Ethnic Distribution of Children in Four Regions of Illinois, 1990**

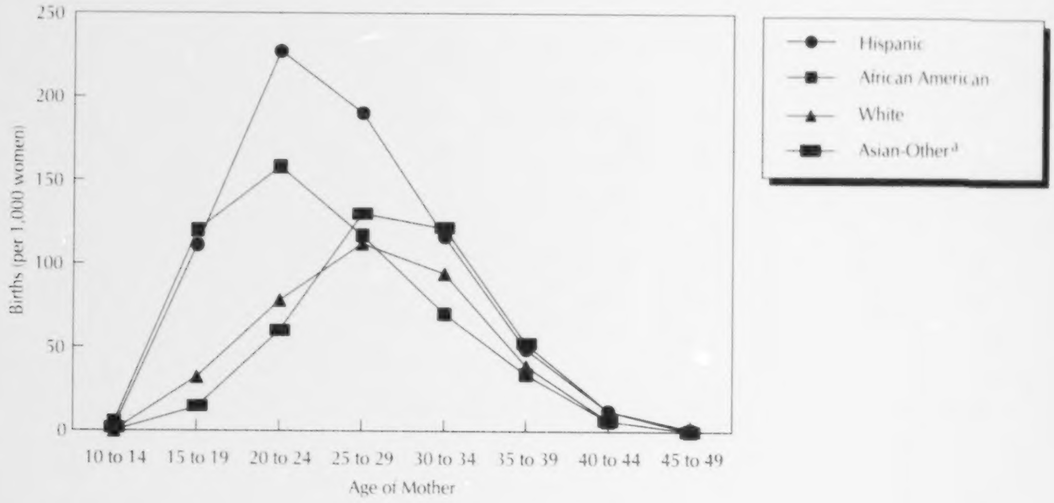
United States. The European population of Illinois historically has included large numbers from Poland, Germany, Ireland, and Italy. In 1990, the largest group of foreign-born residents came from Mexico (282,000), followed by Poland (81,000), the Philippines (49,000), India (41,000), and Germany (40,000).

In 1997, Illinois ranked sixth among the states in the number of immigrants received, and Chicago ranked third among metropolitan areas. From 1991 through 1997, the U.S. Immigration and Naturalization Service (INS) reported that Mexico (95,000) and Poland (53,000) were the two most common countries of origin for immigrants to Illinois. Six of the other top ten nations of origin are Asian (India, Philippines, China, Pakistan, Vietnam, and Korea), one European (the former Soviet Union), and one Central American (Guatemala). Nationally, about one-fifth of all immigrants are children under the age of 15. However, adult immigrants tend to be young (one-third are 15 to 30 years of age) and are entering or are in the prime age groups for family formation and childbearing. Both children who immigrate to Illinois and the children of these immigrants contribute to the ever-shifting ethnic character of childhood in Illinois.

## Fertility Patterns and Population Growth

Childbearing patterns, as observed in both the number and the timing of births, vary widely. Figure 1–3 displays *age-specific fertility rates* for women in each of four racial

**Figure 1–3. Illinois Age-Specific Fertility Rates, by Race/Ethnicity, 1996**



*Sources:* U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; Illinois Department of Public Health, Sterilized Birth Certificate Master File, 1996 (Chapin Hall staff analysis).

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

and ethnic categories in 1996.[5] These rates directly measure the fertility behavior of women of childbearing age, which is a key factor in the rate of population change. Summing the age-specific fertility rates across the full period of childbearing produces a *total fertility rate*, which is a measure of the average number of births in a lifetime (completed fertility) per 1,000 women.[6] A total fertility rate of just over 2,000 is the basic cutoff for replacement-level fertility, meaning that if the average woman has two or more live births, the population will remain the same size or will grow.

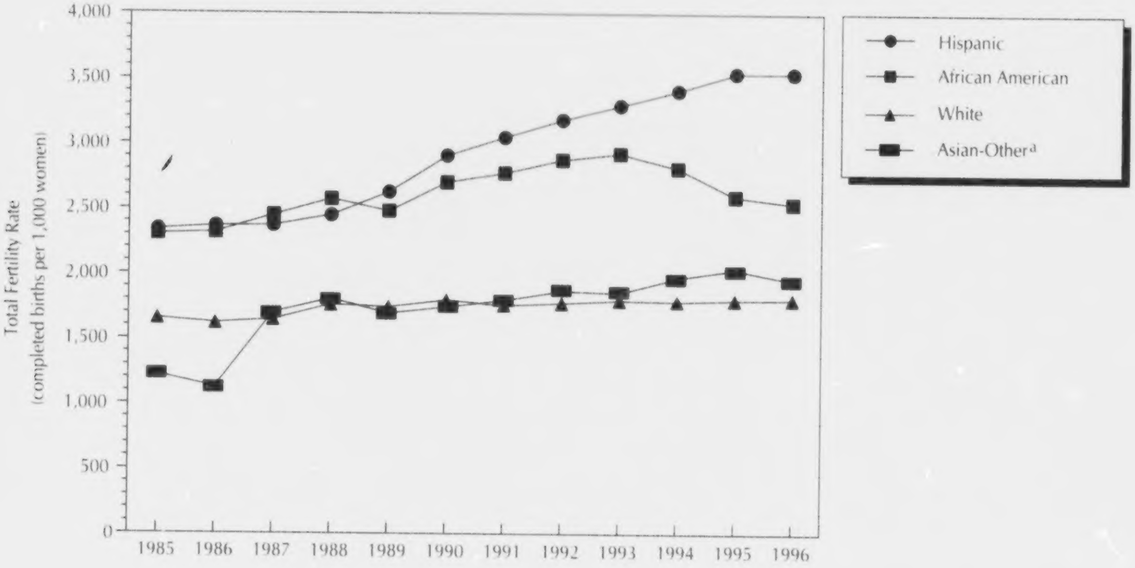
As Figure 1–3 shows, each racial and ethnic group demonstrates very low levels of childbearing below the age of 15 and over the age of 39. However, within the age range of more frequent childbearing, the fertility patterns among the four racial and ethnic groups are quite different. Fertility rates for Hispanic women are high at all ages and are higher than the other groups from ages 20 to 29. The fertility rates of African American women peak during their younger childbearing years (ages 20 to 24), and then fall below the rates of all other groups from ages 30 to 39. White women show fertility levels that are much lower before the age of 25 than those for African American and Hispanic women, but show higher levels than African American women during their 30s. The age pattern for Asian-other women is similar to that for whites, showing even a slightly greater tendency to delay childbearing past the age of 25.

The social and economic implications of these birth patterns will be discussed in some detail in later chapters of *The State of the Child*. However, it is worth highlighting that fertility rates for teenagers and young adult women are substantially higher among Hispanic and African American women. Fifty-six percent of births to African American women and 49 percent of births to Hispanic women are to mothers younger than 25. In contrast, only 25 percent of white children and 16 percent of Asian-other children are born to mothers under 25.

Total fertility rates for these groups from 1985 to 1996 are shown in Figure 1–4. Fertility rates among Hispanic women have risen rapidly from 1985 to 1996 (from 2,340 to 3,543 completed births per 1,000 women). Rates for African American women have remained fairly stable, with small increases before 1993 offset by a small decline from 1993 to 1996. Fertility among white women increased slightly between 1985 and 1996, although the total fertility rate of 1,807 in 1996 remains well below the level of replacement. Fertility rates among the Asian-other racial/ethnic category (mainly Asian) had almost reached replacement levels by 1996.

Long-term population growth is stimulated as much by early childbearing as by high completed fertility because the offspring of younger

**Figure 1–4. Illinois Total Fertility Rates, by Race, 1985–1996**



*Sources:* U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1996 (Chapin Hall staff analysis).

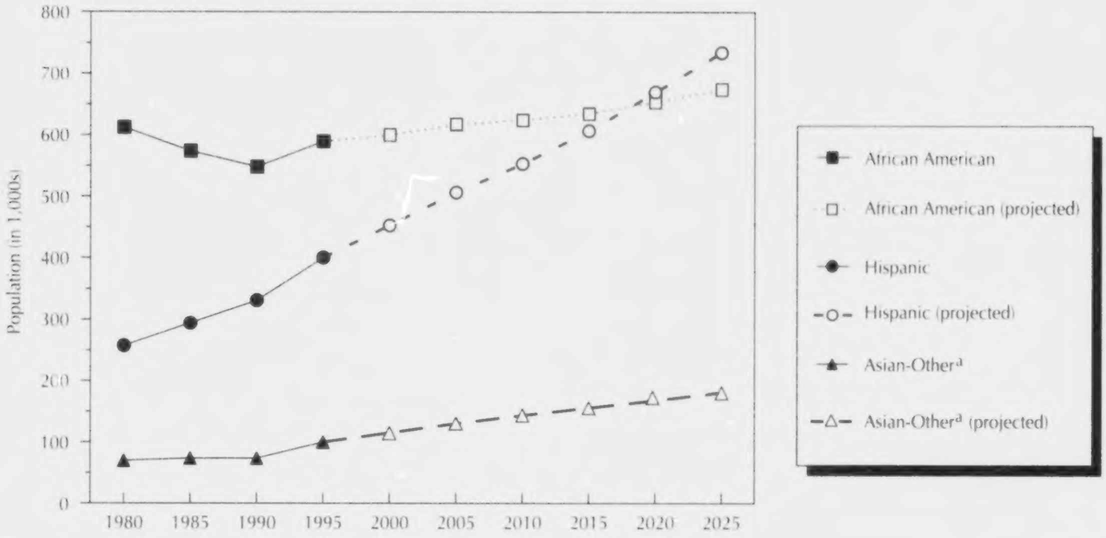
[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

mothers will reach childbearing age much sooner than will the offspring of mothers who have delayed births. The Hispanic population of Illinois has recently been characterized by high early fertility and by high continuing fertility and, therefore, is undergoing the most rapid natural increase among the four racial and ethnic groups. In contrast, delayed childbearing and sub-replacement-level fertility is contributing to the decrease in the size of the white child population.

Figure 1–5 presents recent child population counts and projections through the year 2025 for three racial and ethnic minority groups. The African American population is clearly the largest, with 590,000 children reported for 1995. Over the next 30 years, this population is expected to grow fairly slowly, reaching a total of 674,000 by 2025, an increase of 14 percent. The Hispanic child population was 401,000 in 1995. However, fertility patterns suggest that this group will grow rapidly over the next 30 years. The Hispanic child population is projected to become larger than the African American child population before 2020. The best current estimate is that there will be 734,000 Hispanic children in Illinois by 2025, an 83 percent increase from 1995. The Asian-other child population, reported as 100,000 in 1995, is pro-

34

**Figure 1–5. Illinois Minority Child Populations, 1980–2025**



*Sources:* U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; U.S. Department of Commerce, Bureau of the Census, "Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025" (PE-45).

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

jected to reach 181,000 by 2025, an increase of 81 percent. Because the current fertility and age structure of this latter group do not indicate such rapid levels of growth, it is assumed that expected immigration of Asians to Illinois accounts for much of the projected increase.[7]

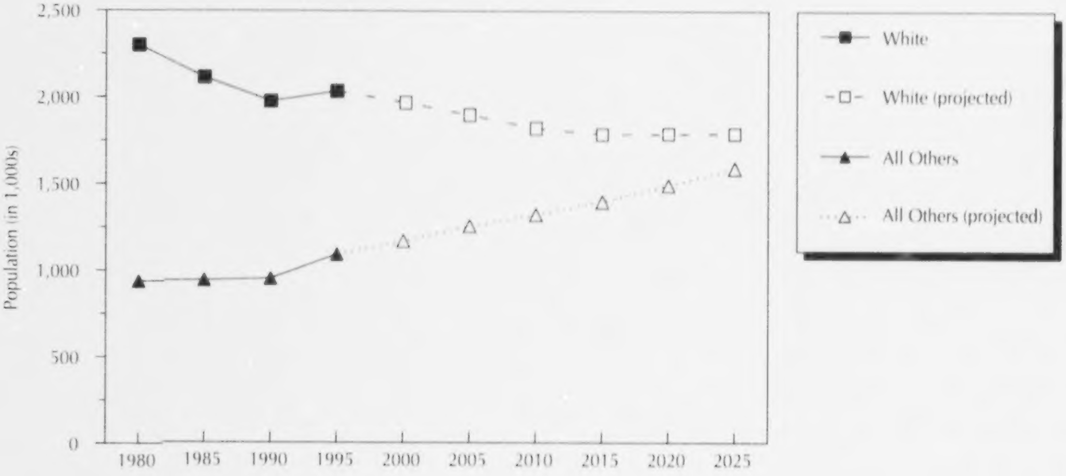
Figure 1–6 compares the projected child population for these three minority groups (combined) with the projected white child population of Illinois. The white child population, which was reported as 2.04 million in 1995, is expected to fall gradually in size, reaching 1.79 million by 2025—a 12-percent decrease over 30 years. In contrast, the minority child population is expected to reach a combined 1.59 million by 2025. Although whites

*The Hispanic child population is growing much faster than other ethnic groups in Illinois, while the size of the white child population is decreasing.*

**Projected 1995–2025 changes:**

| | |
|---|---|
| African American | +85,000 |
| Hispanic | +334,000 |
| Asian-Other | +81,000 |
| White | –245,000 |
| Net Change | +255,000 |

**Figure 1–6. Racial/Ethnic Composition of the Illinois Child Population: White vs. All Others, 1980–2025**



*Sources:* U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, Vol. 1, *Characteristics of Population*, General Social and Economic Characteristics, Part 15, Illinois, Section 1. Washington, D.C.: U.S. GPO, 1983 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998"; U.S. Department of Commerce, Bureau of the Census, "Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025" (PE-45).

composed 65 percent of all Illinois children in 1995, they are projected to compose only 53 percent in just over 25 years. If these projected trends continue for just a few years past 2025, the combined African American, Hispanic, and Asian-other group will surpass the white child population in size. Therefore, we should anticipate that whites will not be a majority in the Illinois child population in about 30 years.[8]

## Minority Population Growth

Race and ethnicity clearly are important factors in describing demographic patterns and trends for the Illinois child population. It is well beyond the scope of this descriptive discussion to attempt to interpret the meaning or underlying causes of the racial and ethnic differences observed. The categories used here are general labels that obscure an extensive diversity, heterogeneity, and complexity that exist within each of these subgroups. However, because these broad categories do differentiate much of the demographic activity of these groups, it is important to consider the role of race and ethnicity for the Illinois child population.

The final set of projections discussed above point to rather dramatic continuing growth among the minority child population of Illinois. This clearly conveys an expectation of change, but provides little direct information about the implications of this change—for these children or for the state. The only conclusion we can put forward about this projected shift in the ethnic balance of children in Illinois is that the consequences will depend almost entirely on the extent to which race and ethnicity continue to influence the life opportunities of these children.

## NOTES

1 A *crude birthrate* is the number of births during a year divided by the total number of people in the population.

2 Clearly, dependency figures are based on generalizations. A significant proportion of the population under 18 and over 65 is economically productive or self-sufficient. At the same time, many persons between 18 and 65 years of age are dependent on others due to nonemployment, incapacitation, and so forth. Nevertheless, these ratios have proven to be robust and useful as aggregate indicators of the demographic influence of age structure on economic and social organization.

3 These projections are estimates, and their accuracy should remain subject to evaluation. As a rule, the projections should be expected to become less accurate over time. However, we should also assume that projections rooted in the current age structure will probably be more accurate than projections based on future assumptions regarding behaviors (such as fertility and migration). Thus, the figures that show a growth in the elderly population 15 to 30 years into the future should probably be assigned more credibility than those that suggest very modest growth in the child population over the same time period.

4 Racial and ethnic categories are inherently limiting and problematic. Here, "white" is used for non-Hispanic whites, "African American" for non-Hispanic blacks, "Hispanic" for all Hispanic categories, and "Asian-other" for Asians, American Indian, Alaska Native, and all "unknown and other" codes. Very few children in the Hispanic category were classified as black Hispanic. The large majority in the Asian-other category is Asian.

Race and ethnicity are identified by self-report of the respondent on census forms and birth certificates. Selecting a single response category can limit the precision of racial/ethnic reporting and often involves simplifying a complex background. Each broad category used here is understood to be a summary that includes a variety of persons from different backgrounds and a specific racial or ethnic subgroup.

The term "minority" is used to refer to all persons other than non-Hispanic whites. We find this usage to be difficult and, as shall be seen, often imprecise. However, the term is used because of its widespread popular acceptance and recognition.

5 Age-specific fertility rates are computed as the number of births in a single year to 1,000 women of a given age (here in 5-year age groups), divided by the number of women in that age group.

6 Because the age-specific fertility rates described here are computed for 5-year age groups, the related estimate of the total fertility rate is the sum of the age-specific fertility rates multiplied by 5.

7 Migration is another component of population change that influences population growth and distribution. In recent years, Illinois has experienced a significant net gain from international migration, with the largest immigrant population arriving from Mexico. In contrast, Illinois has experienced a net decrease from interstate domestic migration, with most net losses among the white population. Intrastate migration is also a significant population force and is seen in processes such as urbanization and suburbanization. During the 1990s, Cook County experienced net domestic emigration (intra- and interstate) of over 50,000 persons per year. The collar counties experienced a net gain of over 25,000 persons per year, and the balance of the state experienced a very minor net gain.

8 The methodological assumptions that underlie all of these projections are open for continued revision, update, and discussion. It is important to note that the substantive meaning and importance of racial and ethnic categories may also change during the time periods being considered. Movements toward multiculturalism may well redefine or qualify the meaning of these categories. The patterns described here illustrate estimates based on the continued operation of current trends in the context of currently salient racial and ethnic categories.

## CHAPTER 2

# CHILD LIVING ARRANGEMENTS AND FAMILY STRUCTURE

The lives of children, especially younger children, are centered in their homes and the home environment. Parents and other family members are the primary sources of support, of association, and of socialization for most children. American society expects parents and families to bear most of the responsibility for raising and caring for our children, and parents have wide latitude in decisions regarding their own children outside the realms of compulsory education and child protection law. Situations in which the family is unable to perform, or unwilling to accept, all of the functions of child rearing can pose serious problems for the children and the community.

The form of the American family is changing steadily—the household environments of children are becoming far more diverse than in recent decades, and the traditional nuclear family is far less prevalent. Shifts in the family environment of children are related to many other social changes, and particularly to changes in how adults are managing their personal lives, both at home and in the workplace. Today, in comparison to previous generations, fewer American adults are marrying, and those who marry tend to do so at older ages. The median age at first marriage for women increased by 3.2 years between 1978 and 1998, from 21.8 to 25.[1] Married couples are more likely to remain childless, or to have children later in their lives. During the 20 years from 1977 to 1997, the average age of mothers at childbirth increased from 24.7 to 27 years.[2]

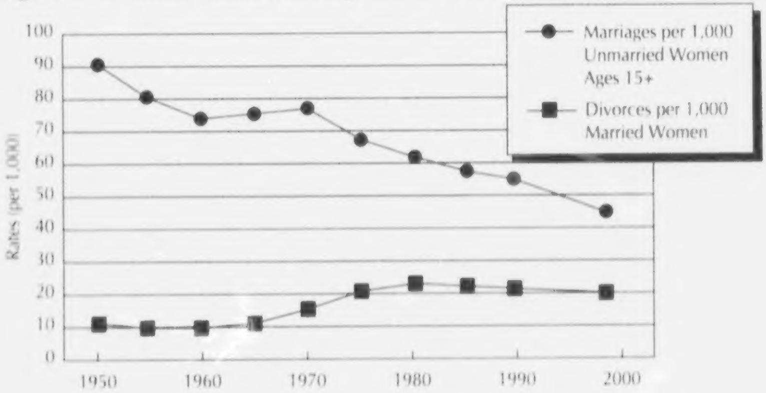
More children live in single-parent homes now than at any time in our history. One cause is the increased incidence of marital breakup and the resulting dissolution of families—over one-half of American marriages end in divorce. Another cause is the increasing number of births outside of marriage. The birthrate for unmarried women more than doubled between 1974 and 1994, from 23 to 46.9 births per 1,000 unmarried women ages 15 to 44.[3] This pattern reversed itself from

*This chapter was prepared by Allen Harden, Bong Joo Lee, and Michael Weir*

1995 to 1999 with the rate decreasing to 43.9 by 1999.

In addition to the changes in the composition of families, there have been important shifts in the organization of family life. An increasing number of mothers, married and single, have shifted their workplace from the home to the labor market. As divorce rates increase, so do remarriage rates. Many single parents remarry, and the "blending" of previously separate family groups into new family units is increasingly common. Some changes, such as the increase in two-worker families, are perceived as necessary adaptations to the realities of modern economic life. Some, such as the growing equality of women in public and private spheres, are viewed as progress by most Americans. Others, such as increased rates of marital dissolution, are usually viewed as societal problems. Because of the central role of family in children's lives, aggregate shifts in the organization of family life patterns can have a significant impact on the care, status, and life experiences of our children. These are national trends, and the changing status quo for families in Illinois mirrors changes that are being experienced nationwide.

**Figure 2–1. United States Marriage and Divorce Rates, 1950–1998**



*Sources:* **1950–1990 Values:** Centers for Disease Control and Prevention, National Center for Health Statistics, *Monthly Vital Statistics Report* Vol. 43, No. 9(S), March 22, 1995; Centers for Disease Control and Prevention, National Center for Health Statistics, *Monthly Vital Statistics Report* Vol. 43, No. 12(S), July 14, 1995. **1998 Values:** Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports* Vol. 48, No. 13, July 28, 2000 (PHS 2000-11200); United States Department of Commerce, Bureau of the Census, "Resident Population Estimates of the United States by Age and Sex," April 1, 1990–July 1, 1999 <http://www.census.gov/population/estimates/nation/intfile2-1.txt>;United States Department of Commerce, Bureau of the Census, *Current Population Reports*, "Marital Status and Living Arrangements: March 1998 (Update)," (P20-514), Unpublished Tables, Table 1.

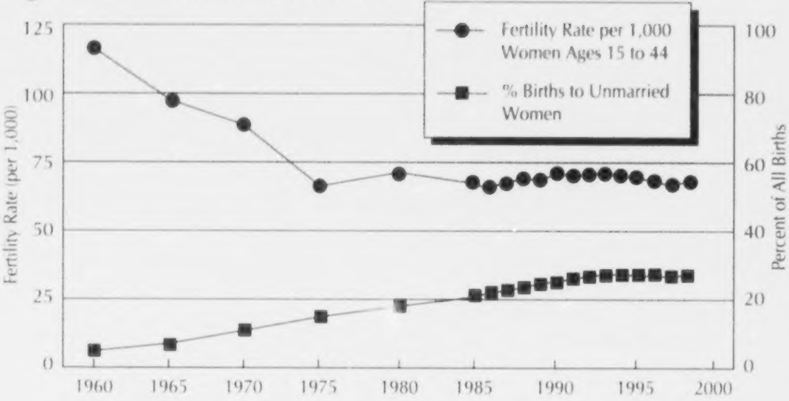
## Trends in Family Formation, Disruption, and Childbearing

Life conditions of children are rooted in the life decisions of adults—and the lifestyles and family behaviors of American adults have shifted dramatically over the past generations. The rate of new family formation through marriage has decreased steadily, both by a reduction in the marriage rate and by the delay of marriage until later ages. Figure 2–1 summarizes recent marriage trends in the United States. Between 1950 and 1998, the marriage rate decreased by 51 percent, from 90.2 to 44.3 marriages per 1,000 unmarried women ages 15 and over. During the same time period, the divorce rate (divorces and annulments per 1,000 married women) nearly doubled, increasing from 10.6 in 1950 to 22.8 in 1979, and then slowly declining to 19.5 by 1998.

The majority of American households do not contain children. The U.S. Census Bureau estimates that 32 million of the 103 million households in the United States in 1998 were nonfamily households, mostly composed of persons living alone. Another 33 million were family households without a child present—that is, either no children were present or the children in the family had already reached adulthood. Only 38 million American households, or just over one-third, included one or more of the 72 million children under the age of 18.[4]

Patterns of childbearing have also been changing. Figure 2–2 presents two birth trends for Illinois over the 38-year period from 1960 to 1998. The upper line is the fertility rate for women ages 15 to 44.[5] The incidence of childbirth among Illinois women decreased rapidly during the 15 years from 1960 through 1975, and has remained fairly constant since that time. In 1998, the fertility rate was 68 births per 1,000 women ages 15 to 44. The lower line represents births to unmarried women as a percentage of all births. The percentage of births that have occurred outside of marriage has increased constantly through this period, rising from 6 percent in 1960 to 34.1 percent in 1998. In 1998, 62,163 of the 182,503 births reported in Illinois were to mothers who were unmarried at the time of childbirth.

**Figure 2–2. Illinois Births, 1960–1998**



*Source:* Illinois Department of Public Health, Health Statistics, "Births to Unmarried Women," http://www.idph.state.il.us/health/bdmd/unmarried.htm.

*Note:* Observations are at 5-year intervals from 1960 to 1985 and 1-year intervals from 1985 to 1998.

## Family Environments of Children

The majority of children live in a family household with two parents. Table 2–1 shows the distribution of

**Table 2–1. Family Living Arrangements of Illinois Children, 1985 and 1995**

| | 1985 | | 1995 | | |
|---|---|---|---|---|---|
| | Number of Children (in 1,000s) | % | Number of Children (in 1,000s) | % | % Change in Numbers |
| Total children 0 to 17 | **3,184** | **100.0** | **3,192** | **100.0** | **0.3** |
| Two-parent family | 2,329 | 73.1 | 2,155 | 67.5 | -7.5 |
| One-parent family | 802 | 25.2 | 951 | 29.8 | 18.6 |
| Mother only | 755 | 23.7 | 853 | 26.7 | 13.0 |
| Father only | 47 | 1.5 | 98 | 3.1 | 108.5 |
| No parent present | 52 | 1.6 | 87 | 2.7 | 67.3 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

*In 1995, the majority of children in Illinois lived with two parents; however, 30 percent lived in single-parent families, and 3 percent lived in situations without a parent present.*

child living arrangements in Illinois for the years 1985 and 1995. These figures, and most of the statistics in this chapter, are derived from the Current Population Survey (CPS).[6] In 1995, the most recent year for which we have reliable CPS estimates, almost two-thirds (67.5%) of Illinois children lived in the same home with two parents. These are not necessarily both natural parents of the child—the two-parent family can also include stepparents or adoptive parents.[7]

Most children who do not live with two parents still reside in family households with one of their natural parents, most commonly with their mother. In 1995, 26.7 percent of Illinois children lived in single-parent families with their mothers, while another 3.1 percent lived in single-parent families with their fathers. Most single-parent living situations are in households that include just the single parent and his or her children, but sometimes they are subfamily units within more complex households. Other adults might include grandparents or other relatives, or unrelated adults who have no parental relationship to the child, such as unmarried partners or roommates of the parent.

In 1995, only 2.7 percent of Illinois children lived in situations without at least one natural parent present—either in a family household without a biological parent, or in some nonfamily living arrangement. Information from the 1990 Census suggests that, in Illinois, these children are probably split fairly evenly between those living with relatives other than their own parents (mostly grandparents), and those living in nonrelative situations (including institutions, foster homes, and nonrelative guardianships).

### *Trends in Living Arrangements*

Between 1985 and 1995, the family profiles of Illinois children changed in a pattern consistent with recent national trends. Although a majority of Illinois children lived in two-parent homes throughout this 10-year period, their percentage decreased from 73.1 percent in 1985 to 67.5 percent in 1995 (see Table 2–1). The 2.16 million children who lived in two-parent families in 1995 represented a drop of 174,000 from 1985, a decrease of 7.5 percent. Each of the other living arrangement categories grew markedly during this decade. The number of children living in mother-only homes grew from 755,000 to 853,000, an increase of 13 percent. The number of children in father-only homes grew from 47,000 to 98,000, an increase of 109 percent. The number of children in nonparent homes grew from 52,000 to 87,000, an increase of 67 percent. Thus, during the 10 years from 1985 to 1995, the greatest numerical growth was in the number of children living with single mothers, while the fastest rate of growth was in the number of children living with single fathers.

With close to two-thirds of Illinois children living in family arrangements with two parents, it would be premature to claim the demise of the nuclear family. The prototypic American family—with two parents raising one or more of their own children—is still the norm in Illinois today. However, over one million children now live in other types of household arrangements, and there is no sign that the trend toward increases in this number is abating.

### *Race/Ethnicity and Family Status*

Substantial variation in the pattern of child living arrangements can be observed across children with different racial and ethnic classifications in Illinois. Table 2–2 presents the same information as Table 2–1, but

**Table 2–2. Family Living Arrangements of Illinois Children 0 to 17, by Race/Ethnicity, 1985 and 1995**

| | 1985 | | 1995 | | |
|---|---|---|---|---|---|
| | Number of Children (in 1,000s) | % | Number of Children (in 1,000s) | % | % Change in Numbers |
| **White** | | | | | |
| Total children 0 to 17 | 2,249 | 100.0 | 2,048 | 100.0 | -8.9 |
| Two-parent family | 1,911 | 85.0 | 1,625 | 79.3 | -15.0 |
| One-parent family | 320 | 14.2 | 402 | 19.6 | 25.6 |
| Mother only | 289 | 12.9 | 353 | 17.2 | 22.1 |
| Father only | 31 | 1.4 | 49 | 2.4 | 58.6 |
| No parent present | 18 | 0.8 | 21 | 1.0 | 17.3 |
| **African American** | | | | | |
| Total children 0 to 17 | 603 | 100.0 | 690 | 100.0 | 14.3 |
| Two-parent family | 175 | 29.0 | 187 | 27.1 | 6.8 |
| One-parent family | 402 | 66.6 | 452 | 65.5 | 12.5 |
| Mother only | 388 | 64.3 | 421 | 61.0 | 8.4 |
| Father only | 14 | 2.3 | 31 | 4.5 | 127.2 |
| No parent present | 27 | 4.4 | 51 | 7.4 | 91.4 |
| **Hispanic** | | | | | |
| Total children 0 to 17 | 260 | 100.0 | 370 | 100.0 | 42.1 |
| Two-parent family | 177 | 68.2 | 277 | 75.0 | 56.3 |
| One-parent family | 75 | 28.9 | 81 | 21.8 | 7.2 |
| Mother only | 73 | 27.9 | 66 | 17.8 | -9.4 |
| Father only | 3 | 1.0 | 15 | 4.0 | 469.2 |
| No parent present | 8 | 2.9 | 12 | 3.2 | 55.3 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

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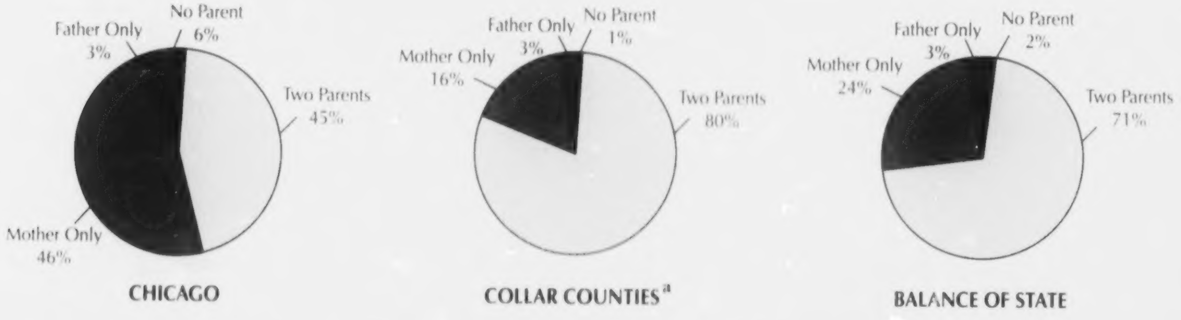
for three separate racial and ethnic groups—white, African American, and Hispanic children.[8] In 1995, 79.3 percent of white children and 75 percent of Hispanic children lived in homes with two parents, while in contrast, only 27.1 percent of African American children lived in two-parent homes. Instead, a majority (61% in 1995) of African American children in Illinois lived in family situations where a single mother was the only parent present. African American children were also somewhat more likely than children in the other categories to live in single-father homes (4.5%), and much more likely to be in unrelated living situations (7.4%).

Racial and ethnic differences are a significant factor in the pattern of child living arrangements in Illinois, but evidence suggests that this gap has started to narrow in recent years. Although still large, the racial and ethnic differences of 1995 are clearly smaller than those observed in 1985. During this 10-year period, the share of Hispanic children in mother-only families decreased dramatically, from 27.9 percent to 17.8 percent, and the share of African American families in mother-only families also decreased, from 64.3 percent to 61 percent. Conversely, during the same period, the share of white children living in mother-only families increased from 12.9 percent to 17.2 percent.

A rapid increase in the share of children living with single fathers was common to all three racial/ethnic groups during this 10-year period. Although father-only families remain relatively rare—involving only 3.1 percent of all children in Illinois in 1995 (see Table 2–1), this arrangement was more than twice as likely as it had been just 10 years before, when 1.5 percent of all children lived with single fathers.

**Figure 2–3. Living Arrangements of Illinois Children, by Region, 1995**



*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

### *Region and Family Status*

Children's family arrangements also vary among geographic regions of the state. Figure 2–3 presents the distribution of the family types of children for three defined areas—the city of Chicago, the collar counties that surround Chicago (DuPage, Kane, Lake, McHenry, and Will counties), and the balance of the state. Differences are immediately apparent. Less than half (45%) of children in Chicago live with two parents, while the great majority of children in the collar counties (80%) and the balance of the state (71%) live in two-parent families. This gap is explained by the large share of children in Chicago who are in the care of single mothers. For Chicago in 1995, the percentage of children in mother-only families (46%) slightly exceeded the percentage in two-parent families, while mother-only children were a minority in the collar counties (16%) and downstate (24%). Chicago also had the largest share (6%) of children living in nonparental care situations. Only the percentage of children in single-father families was relatively constant (at 3%) across all three regions of the state.

These findings coincide with generally held impressions. For example, many suburban communities were developed to provide a stable and secure residential environment for families and children, and are largely populated by intact family units. In contrast, we know that many forms of social disorganization are concentrated within the high-poverty neighborhoods of the city and are not surprised that single-mother families are more prevalent in Chicago. One systematic difference between these regions of the state is their racial composition. The previous section described the very strong relationship between race and family structure, showing that African American children are far more likely than children from other racial and ethnic groups to live in single-mother and nonparental care arrangements.

Table 2–3 presents the distribution of living arrangements for children classified by both racial/ethnic group and region in 1995. Examination of this table suggests that region and race are each related to family living arrangements. For all races, children are most likely to live with two parents in the collar counties. For white, Hispanic, and Asian-others, children in Chicago are more likely than children from the balance of the state to live with two parents. However, African American children in the balance of the state are more likely to live with two parents than are African American children in Chicago. Also, the difference between Chicago and the other regions is far greater for African Americans than for the other groups. African American children in Chicago are less than half as likely as the African American children in other regions to live with two parents, and substantially more likely to live with a single mother. The interaction between race and city is present only for African American children in Chicago. This suggests that the African American population, which has a high proportion of single-mother families, is also more directly influenced by other forces, such as poverty, that contribute to family disruption in the city.

**Table 2–3. Child Living Arrangements, by Race/Ethnicity and Region, 1995**

| | Counts of Children (in 1,000s) | | | | | As Percent of Racial/Ethnic Category | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | White | African American | Hispanic | Asian-Others[a] | Total | White | African American | Hispanic | Asian-Others[a] | Total |
| **Illinois, Total** | | | | | | | | | | |
| Two parents | 1,625 | 187 | 277 | 66 | 2,155 | 79.3 | 27.0 | 75.0 | 77.4 | 67.5 |
| Mother only | 353 | 421 | 66 | 13 | 853 | 17.2 | 61.0 | 17.8 | 15.6 | 26.7 |
| Father only | 49 | 31 | 15 | 3 | 98 | 2.4 | 4.5 | 4.0 | 3.7 | 3.1 |
| No parent | 21 | 51 | 12 | 3 | 87 | 1.0 | 7.4 | 3.2 | 3.3 | 2.7 |
| Total | 2,048 | 690 | 369 | 85 | 3,192 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| **Chicago** | | | | | | | | | | |
| Two parents | 114 | 66 | 151 | 15 | 346 | 78.0 | 17.0 | 72.5 | 64.3 | 45.1 |
| Mother only | 30 | 272 | 44 | 6 | 351 | 20.3 | 69.8 | 21.1 | 24.1 | 45.7 |
| Father only | 1 | 12 | 7 | 1 | 21 | 0.9 | 3.2 | 3.1 | 3.0 | 2.7 |
| No parent | 1 | 39 | 7 | 2 | 49 | 0.7 | 10.0 | 3.3 | 8.6 | 6.4 |
| Total | 146 | 389 | 208 | 24 | 767 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| **Collar Counties[b]** | | | | | | | | | | |
| Two parents | 632 | 58 | 92 | 41 | 823 | 85.4 | 43.9 | 83.0 | 89.3 | 80.0 |
| Mother only | 86 | 61 | 10 | 5 | 161 | 11.6 | 46.3 | 8.7 | 9.9 | 15.6 |
| Father only | 19 | 8 | 5 | 0 | 33 | 2.6 | 6.1 | 4.9 | 0.7 | 3.2 |
| No parent | 3 | 5 | 4 | 0 | 12 | 0.5 | 3.7 | 3.3 | 0.0 | 1.2 |
| Total | 741 | 132 | 111 | 46 | 1,029 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| **Balance of State** | | | | | | | | | | |
| Two parents | 879 | 63 | 35 | 9 | 985 | 75.7 | 37.1 | 67.9 | 62.0 | 70.6 |
| Mother only | 238 | 88 | 12 | 3 | 341 | 20.5 | 52.3 | 23.8 | 19.3 | 24.4 |
| Father only | 28 | 11 | 3 | 2 | 44 | 2.4 | 6.3 | 5.7 | 13.6 | 3.1 |
| No parent | 17 | 7 | 1 | 1 | 26 | 1.4 | 4.4 | 2.6 | 5.1 | 1.9 |
| Total | 1,161 | 169 | 51 | 15 | 1,396 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

### *Single Parents and Marital Status*

There are multiple paths to single parenthood. Joint parenting within marriage can be disrupted through separation, divorce, or the death of a spouse—each of which usually leaves one parent with custody of and caregiving responsibility for the children that are in the family. Or the child's parents might never have married, which most frequently leads to the mother raising the children in the absence of a (formal) partner.

Table 2–4 classifies the Illinois children living in single-parent homes by the marital status of their parent for 1985 and 1995. More than one half (55.7%) of the children in single-mother homes in 1995 lived with previously married mothers, with most of the marriages having been disrupted due to divorce or separa-

> *Family composition patterns in Illinois differ widely by race. Statewide, only 27 percent of African American children lived with two parents in 1995, compared with 75 percent or more for white, Hispanic, and Asian-other children.*

**Table 2–4. Marital Status and Gender of Illinois Children's Single Parents, 1985 and 1995**

| | 1985 | | | 1995 | | |
|---|---|---|---|---|---|---|
| | Number of Children (in 1,000s) | Percent of State Total | Percent of Category | Number of Children (in 1,000s) | Percent of State Total | Percent of Category |
| **Child population** | 3,184 | 100.0 | - | 3,192 | 100.0 | - |
| **In one-parent family** | 802 | 25.2 | - | 951 | 29.8 | - |
| **Mother only** | 755 | 23.7 | 100.0 | 853 | 26.7 | 100.0 |
| Ever married | 496 | 15.6 | 65.8 | 475 | 14.9 | 55.7 |
| Separated/absent | 170 | 5.3 | 22.5 | 167 | 5.2 | 19.6 |
| Widowed | 41 | 1.3 | 5.4 | 32 | 1.0 | 3.7 |
| Divorced | 286 | 9.0 | 37.8 | 276 | 8.6 | 32.4 |
| Never married | 258 | 8.1 | 34.2 | 378 | 11.8 | 44.3 |
| **Father only** | 47 | 1.5 | 100.0 | 98 | 3.1 | 100.0 |
| Ever married | 39 | 1.2 | 82.9 | 62 | 1.9 | 63.3 |
| Separated/absent | 9 | 0.3 | 18.1 | 12 | 0.4 | 12.4 |
| Widowed | 5 | 0.2 | 10.8 | 6 | 0.2 | 5.7 |
| Divorced | 25 | 0.8 | 54.0 | 44 | 1.4 | 45.3 |
| Never married | 8 | 0.3 | 17.1 | 36 | 1.1 | 36.7 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

tion. An even larger share (63.3%) of children in single-father homes lived with previously married fathers, also mostly from marriages that ended through divorce or separation. In 1995, 44.3 percent of children in single-mother families and 36.7 percent of children in single-father families lived with parents who had never been married.

Recent trends in the marital status of single parents can be observed in changes between 1985 and 1995. Whereas the total number of children living with single mothers increased by 13 percent during this time, the number of children living with single fathers more than doubled. The number of children living with single fathers increased in each marital status subcategory between 1985 and 1995, with the largest increases for children living with divorced and never-married fathers. However, even with the rapid rate of growth in single-father families, in 1995 women were still 8 times as likely as men to be single parents.

The number of children living with single mothers who were divorced, widowed, or separated decreased moderately between 1985 and 1995, while the share of single parents who never married grew dramatically during these 10 years. During this decade, the number of children living with never-married mothers increased by 47 percent, from 258,000 to 378,000. The number of children in all classes of single-father families increased between 1985 and 1995, with the fastest growth being for children living with never-married fathers. Therefore, although the majority of children with single parents are living in family situations that result from marital instability or dissolution, single parenthood in Illinois increasingly reflects patterns of nonmarriage among parents.[9]

## Characteristics of Families by Parental Presence and Marital Status

The parental composition of a family relates to many other social and economic characteristics of family life. Table 2–5 presents the distributions of Illinois children, classified by the parental status of their family living situation and by a number of factors that further describe these family groups or that are indicators of child and family well-being. This information is based on CPS annual demographic surveys for the 5 years from 1993 to 1997.[10]

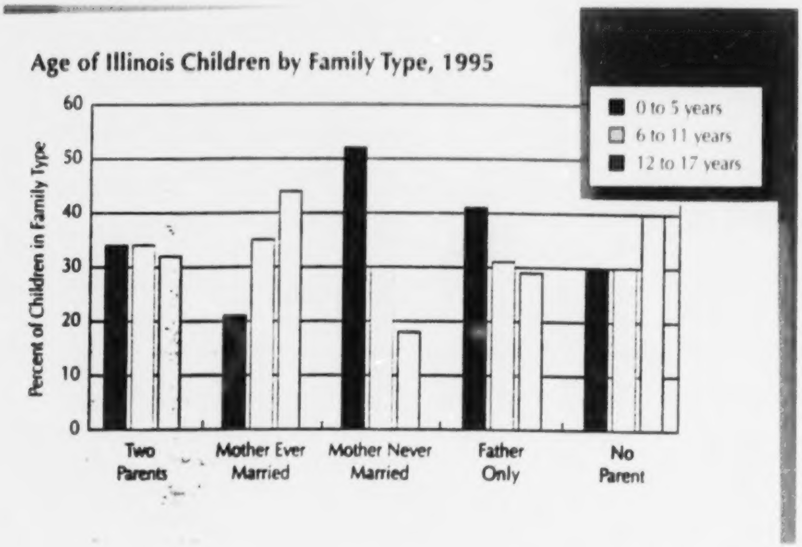
The first section of Table 2–5 contains two indicators that describe all types of living arrangements—the number of children present in the household and the ages of the children. The middle section of Table 2–5 includes three indicators for families with a parent present. Each of these—household income, parent education, and parent employment—describes attributes that are known to relate to family and child well-being. The final section of Table 2–5 describes the age of the

## Table 2–5. Selected Demographic and Socioeconomic Characteristics of Illinois Children and Their Families, by Family Living Arrangement, 1995

| | Counts of Children (in 1,000s) | | | | | | As Percentage of Family Type | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mother Only | | | | | | Mother Only | | | | |
| | Two Parents | Ever Married | Never Married | Father Only | No Parent | Total | Two Parents | Ever Married | Never Married | Father Only | No Parent | Total |
| **All Children** | **2,155** | **475** | **378** | **98** | **87** | **3,192** | **100** | **100** | **100** | **100** | **100** | **100** |
| **Number of Children in Household** | | | | | | | | | | | | |
| One | 410 | 114 | 100 | 31 | 29 | 683 | 19 | 24 | 26 | 31 | 33 | 21 |
| Two | 888 | 187 | 97 | 31 | 20 | 1,223 | 41 | 39 | 26 | 31 | 23 | 38 |
| Three | 562 | 102 | 78 | 26 | 18 | 787 | 26 | 22 | 21 | 27 | 21 | 25 |
| Four or more | 294 | 71 | 103 | 10 | 20 | 499 | 14 | 15 | 27 | 10 | 23 | 16 |
| **Age of Child** | | | | | | | | | | | | |
| Under 3 | 359 | 35 | 110 | 19 | 13 | 536 | 17 | 7 | 29 | 19 | 15 | 17 |
| 3 to 5 | 371 | 65 | 86 | 21 | 13 | 556 | 17 | 14 | 23 | 21 | 15 | 17 |
| 6 to 8 | 374 | 78 | 61 | 17 | 13 | 543 | 17 | 16 | 16 | 17 | 15 | 17 |
| 9 to 11 | 364 | 86 | 53 | 13 | 13 | 529 | 17 | 18 | 14 | 13 | 15 | 17 |
| 12 to 14 | 349 | 105 | 44 | 16 | 12 | 526 | 16 | 22 | 12 | 16 | 14 | 16 |
| 15 to 17 | 338 | 106 | 23 | 12 | 23 | 502 | 16 | 22 | 6 | 12 | 26 | 16 |
| **LIVING WITH PARENT(S)** | | | | | | | | | | | | |
| **Family Income Level** | | | | | | | | | | | | |
| Below poverty | 164 | 179 | 247 | 16 | - | 606 | 8 | 38 | 65 | 17 | - | 19 |
| 1–2 times poverty | 367 | 129 | 62 | 34 | - | 591 | 17 | 27 | 16 | 35 | - | 19 |
| Over 2 times poverty | 1,621 | 167 | 61 | 46 | - | 1,893 | 75 | 35 | 16 | 47 | - | 59 |
| Not reported | 3 | 1 | 8 | 2 | - | 15 | 0 | 0 | 2 | 2 | - | 0 |
| **Max. Parent Education** | | | | | | | | | | | | |
| Less than HS | 199 | 66 | 142 | 19 | - | 426 | 9 | 14 | 38 | 20 | - | 13 |
| HS or equivalent | 489 | 181 | 142 | 39 | - | 851 | 23 | 38 | 38 | 40 | - | 27 |
| More than HS | 1,467 | 229 | 94 | 39 | - | 1,828 | 68 | 48 | 25 | 40 | - | 57 |
| **Parent Employment** | | | | | | | | | | | | |
| Two parents work | 1,500 | - | - | - | - | 1,500 | 70 | - | - | - | - | 47 |
| One parent works | 616 | 366 | 170 | 84 | - | 1,236 | 29 | 77 | 45 | 86 | - | 39 |
| No parent works | 38 | 110 | 208 | 13 | - | 456 | 2 | 23 | 55 | 14 | - | 14 |
| **LIVING WITH MOTHER** | | | | | | | | | | | | |
| **Current Age of Mother** | | | | | | | | | | | | |
| Under 20 | 6 | 0 | 24 | - | - | 30 | 0 | 0 | 6 | - | - | 1 |
| 20 to 24 | 84 | 14 | 89 | - | - | 187 | 4 | 3 | 24 | - | - | 6 |
| 25 to 34 | 791 | 180 | 197 | - | - | 1,167 | 37 | 38 | 52 | - | - | 37 |
| 35 to 44 | 1,027 | 227 | 63 | - | - | 1,318 | 48 | 48 | 17 | - | - | 41 |
| 45 and over | 247 | 54 | 5 | - | - | 305 | 11 | 11 | 1 | - | - | 10 |
| **Age of Mother at Child's Birth** | | | | | | | | | | | | |
| Under 20 | 130 | 54 | 123 | - | - | 307 | 6 | 11 | 32 | - | - | 10 |
| 20 to 24 | 488 | 136 | 137 | - | - | 762 | 23 | 29 | 36 | - | - | 24 |
| 25 to 34 | 1,260 | 240 | 107 | - | - | 1,607 | 58 | 50 | 28 | - | - | 50 |
| 35 to 44 | 267 | 44 | 11 | - | - | 322 | 12 | 9 | 3 | - | - | 10 |
| 45 and over | 9 | 1 | 0 | - | - | 10 | 0 | 0 | 0 | - | - | 0 |
| **Age of Mother at First Birth** | | | | | | | | | | | | |
| Under 20 | 257 | 96 | 198 | - | - | 552 | 12 | 20 | 53 | - | - | 17 |
| 20 to 24 | 691 | 157 | 112 | - | - | 960 | 32 | 33 | 30 | - | - | 30 |
| 25 to 34 | 1,056 | 194 | 58 | - | - | 1,308 | 49 | 41 | 15 | - | - | 41 |
| 35 to 44 | 141 | 25 | 5 | - | - | 170 | 7 | 5 | 1 | - | - | 5 |
| 45 and over | 5 | 1 | 0 | - | - | 6 | 0 | 0 | 0 | - | - | 0 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

*Note:* Percents may not sum to 100 due to rounding.



children's mothers from three different perspectives: their current age, their age at the birth of the child, and their age at the birth of their first child. These tables pertain only to children who live in families where a mother is present.

*Number of children in household.* Two-parent families and families with a single ever-married mother have similar size profiles. In both, two-child families are the most common, with about 4 of 10 children in two-child family situations. The occurrence of four or more children is fairly rare. Single-father families tend to have fewer children. Families with never-married mothers tend to have more children, and almost half (48%) of the children living with a never-married mother had two or more other children besides themselves present in the household.

*Age of children.* Children in two-parent families are very evenly distributed across the age spectrum, while the age of children in single-mother families differs dramatically between the families of ever-married and never-married mothers. Of the children of ever-married single mothers, more than twice as many are between 12 to 17 years as between 0 to 5 years of age. In contrast, over half of the children living with mothers who have never married are 5 years of age or younger. The children who live with single fathers are somewhat more likely to be younger, while children living in nonparental situations are somewhat more likely to be older.

*Family income.* For three-fourths (75%) of the children living in two-parent families in 1995, family income exceeds twice the poverty level. In contrast, for almost two-thirds (65%) of the children living with single never-married mothers, family income is below the poverty level. Only about one-sixth (16%) of children in never-married single-mother families live in families with an income more than twice the poverty level. Families with ever-married single mothers are spread across the income distribution—more than one-third (38%) of the children are below the poverty level and more than one-third (35%) are over twice the poverty level. Almost half (47%) of children living with single fathers have family incomes more than twice the poverty level.

*Education.* The school attainment of parents provides a similar picture. For children in two-parent families, over 90 percent had at least one parent that completed high school. Children living with ever-married single mothers have the next best-educated parents, followed closely by children with single fathers. Never-married mothers have lower levels of educational attainment than any of the other groups.

*Employment.* Only 2 percent of the children living with two parents in 1995 experienced the condition of neither parent having either full- or part-time employment. However, parental nonemployment was experienced by 14 percent of children with a single father, 23 percent of children with an ever-married single mother, and 55 percent of children with a never-married single mother. The families with a never-married single mother are highly likely to have been recipients of public economic supports, particularly Aid to Families with Dependent Children (AFDC, now TANF), Medicaid, food stamps, and unemployment insurance.

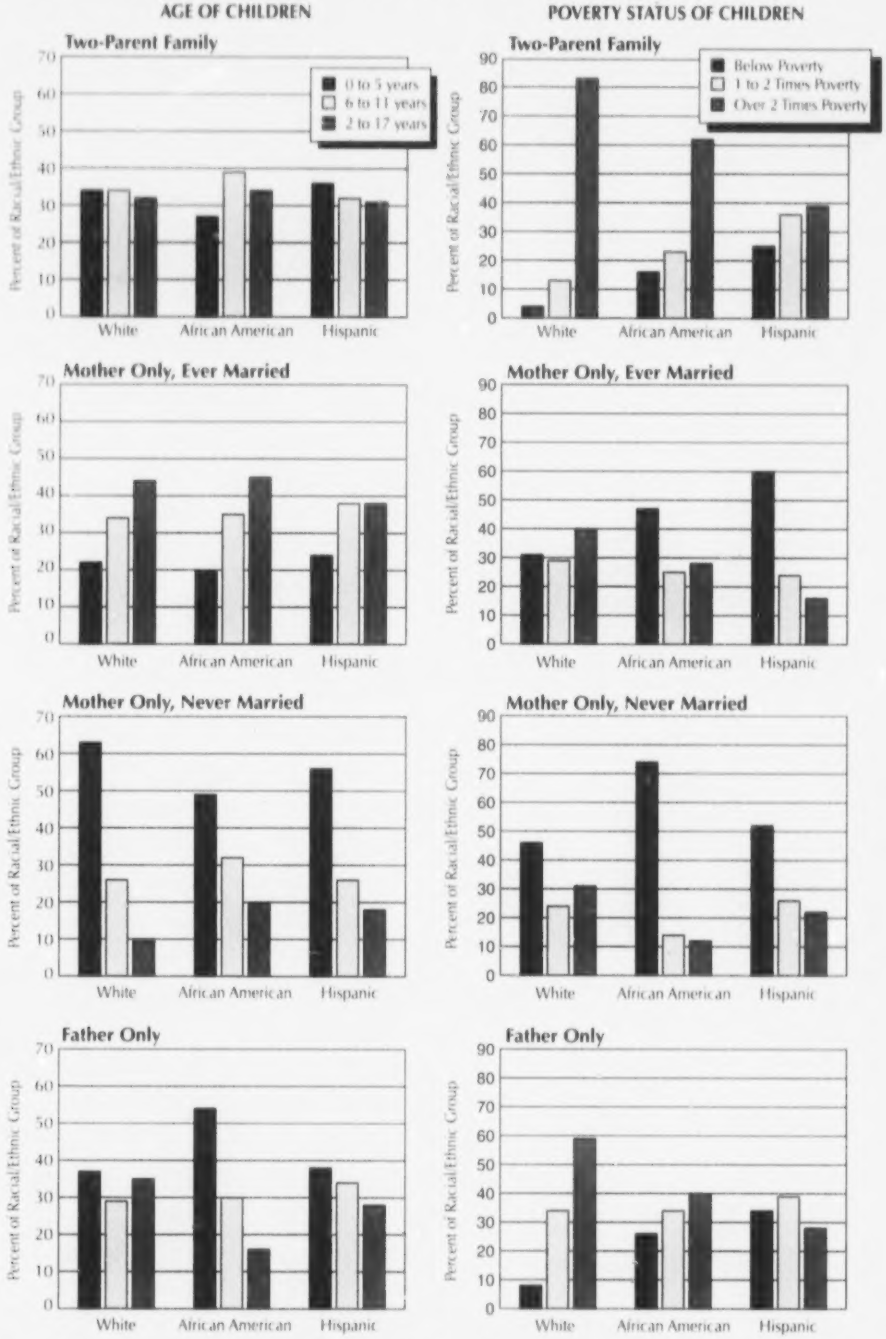
> *Single mothers, and particularly single mothers who have never married, face severe social and economic barriers. This is strongly suggested by their high rates of nonemployment compared to single-father or two-parent families. Children of single mothers are far more likely to live near or below the poverty level than are other children.*

Although parental participation in the labor force typically brings economic benefits to a family, it also can have significant impact on parental involvement in the home care of children. In two-parent families, both parents of 70 percent of the children hold either a full- or part-time job. Similarly, 86 percent of children of single fathers, 77 percent of ever-married single mothers, and 45 percent of never-married single mothers are employed. For families with young children, full parental employment requires some form of child care—whether provided informally by family and friends or through a purchased care arrangement. Access, affordability, and quality of child care are major concerns when the parental caregiver(s) are absent from the home during the hours of employment.

Figure 2–4 presents detailed relationships between race/ethnicity and two of these factors, child age and relative poverty level, controlling for the type of family. Whereas the age of children varies by family type, these relationships tend to be similar for each of the three racial/ethnic categories presented. There is a tendency for the children of never-married white mothers to be younger than the children of never-married African American mothers (with Hispanics in between), and for African American children in single-father families to be younger than other children of single fathers.

In contrast, there is substantial variation in the relationships between race/ethnicity and poverty status within family type categories. The

**Figure 2–4. Illinois Child Characteristics, by Race/Ethnicity and Family Type, 1995**



*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

most apparent patterns are the strong tendencies for white children with two parents to be above twice the poverty level and for African American children with never-married single mothers to be below the poverty level. But the racial/ethnic relation with poverty is not consistent across family types. Of children living with two parents or with ever-married single mothers, Hispanic children are the most likely to live below the poverty level and the least likely to be substantially above poverty.

*Current age of mother.* The age distributions for married and ever-married single mothers in 1995 were virtually identical. In both groups, 59 percent of the children had mothers age 35 or above, and less than 5 percent had mothers below the age of 25 (see Table 2–5). The never-married mothers, however, are a much younger group of women. Less than one-fifth (18%) were 35 or older, while almost one-third (30%) were under 25 years of age. For single-mother families, the difference in age between the ever- and never-married mothers corresponds closely to differences in the ages of their children.

One reason that never-married mothers are so much younger is a tendency toward selective attrition from this population, because women can leave the never-married status via marriage. Many mothers are in the never-married group during the years when they and their children are younger, and then *shift into the married category* (and potentially then into the ever-married category) from the time of marriage until the end of their parenting years.

Overall, only 1 percent of all children in Illinois live with a mother who is younger than 20 years of age. Even among families with never-married single mothers, which have the largest proportion of young mothers, only 6 percent of children live with a mother in her teens. Thus, it is relatively uncommon for children in Illinois to be parented by teenage mothers.

*Age of mother at first birth.* Marked differences between these family types are evident when considering mother's age at the birth of her first child. This marks the time in her life when she assumed the role of parent. Although few never-married mothers are current teen parents, more than half (53%) were in their teens at the time they gave birth to their first child. In contrast, only 12 percent of married mothers and 20 percent of ever-married single mothers gave birth as teenagers.

The picture that emerges from considering this series of indicators is that children in two-parent families appear to have access to more of the resources measured than do children in single-parent families. Parents in two-parent families are more fully engaged in the labor force, have obtained more of an educational background, and have greater family income than do single parents. Furthermore, there is also

**Table 2–6. Teen Births in Illinois, 1960–1980 (in 5-year increments), and 1985–1998**

| | All Births | Teen Births | | Fertility Rates | | Births to Girls < 15 |
|---|---|---|---|---|---|---|
| Year | Number | Number | As Percentage of All Births | Teens 15 to 19 | Women 15 to 44 | Number |
| 1960 | 239,567 | 28,827 | 12.0 | 84.6 | 116.8 | 302 |
| 1965 | 208,855 | 30,038 | 14.4 | 69.5 | 97.6 | 468 |
| 1970 | 205,945 | 34,742 | 16.9 | 68.1 | 88.6 | 704 |
| 1975 | 169,814 | 31,120 | 18.3 | 55.7 | 66.3 | 757 |
| 1980 | 190,589 | 29,783 | 15.6 | 55.8 | 71.3 | 609 |
| 1985 | 182,199 | 22,771 | 12.5 | 50.8 | 67.5 | 589 |
| 1986 | 178,076 | 22,218 | 12.5 | 49.9 | 65.8 | 532 |
| 1987 | 182,024 | 22,563 | 12.4 | 51.4 | 67.3 | 576 |
| 1988 | 186,347 | 23,356 | 12.5 | 54.4 | 69.1 | 622 |
| 1989 | 184,647 | 23,961 | 13.0 | 57.6 | 68.6 | 620 |
| 1990 | 192,178 | 25,061 | 13.0 | 62.2 | 71.1 | 625 |
| 1991 | 189,812 | 24,849 | 13.1 | 63.7 | 70.0 | 650 |
| 1992 | 190,980 | 24,574 | 12.9 | 63.5 | 70.6 | 666 |
| 1993 | 192,438 | 24,553 | 12.8 | 63.4 | 71.1 | 635 |
| 1994 | 190,857 | 24,808 | 13.0 | 63.2 | 70.5 | 646 |
| 1995 | 187,545 | 24,201 | 12.9 | 60.4 | 69.4 | 580 |
| 1996 | 184,886 | 23,477 | 12.7 | 57.4 | 68.5 | 509 |
| 1997 | 180,649 | 22,646 | 12.5 | 53.9 | 67.1 | 463 |
| 1998 | 182,503 | 22,632 | 12.4 | 53.2 | 68.0 | 462 |

*Sources:* Illinois Department of Public Health, *Vital Statistics, Illinois*, 1960–1983; Illinois Department of Public Health Sterilized Birth Certificate Master Files, 1985–1996 (Chapin Hall staff analysis); Illinois Department of Public Health, Health Statistics, "Illinois Teen Births by County," 1993–1994, 1995–1996, 1997–1998, <http://www.idph.state.il.us/health/statshome.htm> (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census. "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census. Census of Population and Housing, 1990 [United States]: Summary Tape File 3A [State Files] [Computer file]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 1992 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census. *Current Population Reports*, P-25 series, various numbers; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990-1998" (Chapin Hall staff analysis).

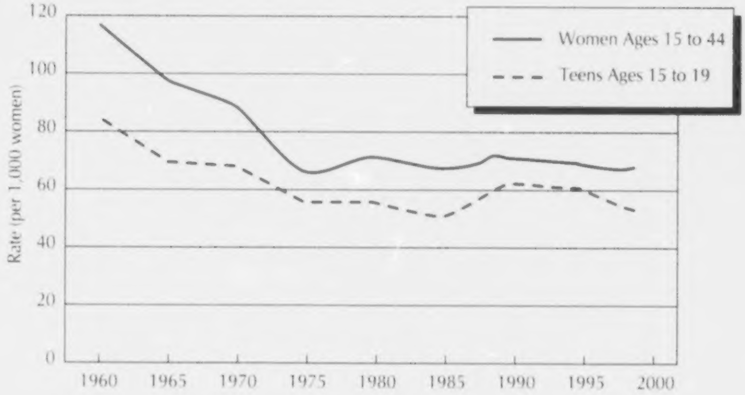
a wide difference in the access to resources among single-parent families. Single fathers have higher employment and income levels than single mothers. Ever-married single mothers have slightly higher educational attainment than never-married single mothers and single fathers. The families of ever-married single mothers show much variability on economic indicators, and this group appears to include a substantial number of both poor and nonpoor family units. Never-married mothers, as a group, face difficult social and economic barriers. They are younger, less educated, and more likely to be unemployed than mothers in the other groups. Children with never-married mothers tended to be young and were substantially overrepresented among the poor.

## The Significance of Teen Parenthood

Adolescent pregnancy and teen births have received significant public attention at the local and national levels. The prevailing public image of teen parenthood is of single young girls with babies, with no reliable partner, whose education and job chances are interrupted by motherhood, and who are financially and socially unprepared to assume responsibility for a family.

As described in the discussion of mother's age in the previous section, the actual prevalence of teens as parents is relatively small, mostly because teen mothers soon age into their 20's and the adult population. However, the phenomenon of teens becoming parents appears to have long-term ramifications on the family life patterns for these mothers and their children. Not only are children whose mothers

**Figure 2–5. Fertility Rates of Illinois Teens Ages 15 to 19 and Women Ages 15 to 44, 1960–1998**



*Sources:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1984–1998 (Chapin Hall staff analysis); Illinois Department of Public Health, *Vital Statistics, Illinois,* 1960–1983 (Chapin Hall staff analysis)

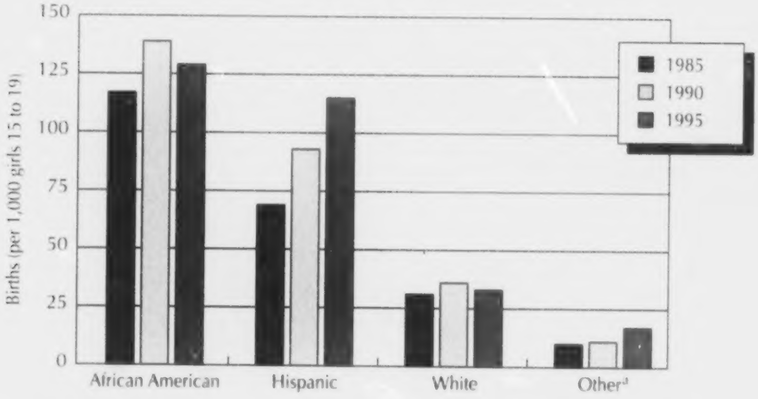
are teenagers more likely to live in single-parent families, but so are all children who were born when their mother was a teen. Further, regardless of the mother's age when they were born, children whose mother first gave birth to any child as a teen are more than twice as likely to live in single-parent families as are children whose mothers first gave birth at age 20 or later. This relationship holds for mothers of all ages—even for once-teen mothers who are well beyond their teenaged years. Females who bear children during their teen years, as a group, can be expected to experience far more difficult living situations through the entire span of childrearing.

In 1998, there were 22,632 live births to teen mothers in Illinois (see Table 2–6). The trend in the number of teen births has generally been downward since reaching a peak of almost 35,000 in 1970. One brief upswing occurred from 1986 to 1990, but this was soon followed by stable and then decreasing counts through the 1990s. Age-specific fertility rates show the likelihood of births, adjusting for population changes. The age-specific fertility rates for women 15 to 19, shown in Figure 2–5, indicate that the likelihood of teenaged women having babies declined steadily in Illinois from 1960 through 1986.

In the most recent years, from 1994 to 1998, the teen birthrate has dropped fairly sharply. The 1998 age-specific fertility rate for teens (53.2 births per 1,000 women ages 15 to 19) was 16 percent lower than the 1994 rate of 63.2 births per 1,000 women ages 15 to 19 (see Table 2–6). The recent decrease in the number of teen births is encouraging because the population of women ages 15 to 19 actually increased modestly during these years, but the shrinking birthrate has allowed the absolute number of births to teens to decrease. Teen births in 1998 represented 12.4 percent of all births in Illinois, the lowest share since the early 1960s—a

> *Teen birthrates are decreasing in Illinois. Recent trends continue to be encouraging, with the sharpest drops in those populations which historically have had higher rates—among African Americans and among girls in Chicago. Recent increases in the birthrates for Hispanic teens are cause for concern.*

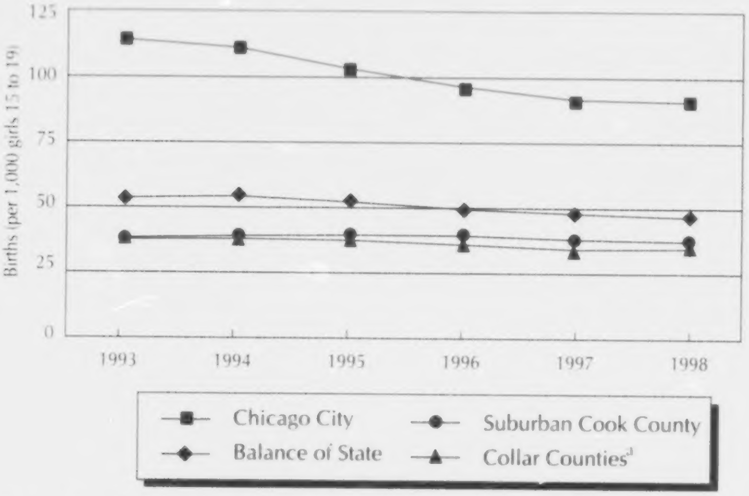
**Figure 2–6. Birthrates for Illinois Girls Ages 15 to 19, by Race/Ethnicity, 1985, 1990, and 1995**



*Sources:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1996 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census. Census of Population and Housing, 1990 [United States]: Summary Tape File 3A [State Files] [Computer file]. Washington DC: U.S. Department of Commerce, Bureau of the Census [producer], 1992 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"; U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998."

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

**Figure 2–7. Birthrates for Illinois Girls Ages 15 to 19, by Region, 1993–1998**



*Sources:* Illinois Department of Public Health, IPLAN Data System, "County-Level Report," <http://163.191.194.35/dta/iplanrpt.htm> (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age and Sex: Annual Time Series July 1, 1990–July 1, 1998" (CO-98-9) (Chapin Hall staff analysis). U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998."

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

time when all birthrates were much higher, and most teen births were to married young couples.

The incidence of childbearing is higher for African American teens than for girls of other racial/ethnic categories, as shown in Figure 2–6. However, there is evidence pointing to a recent decline in the rate of teen births for African Americans. In contrast, the birthrate among Hispanic teens shows recent increases—growing by 67 percent between 1985 and 1995.[11] In 1985 the Hispanic teen birthrate was 69 births per 1,000 girls ages 15 to 19. By 1995, it was 115 per 1,000, which was approaching the African American teen birthrate of 129 per 1,000. The 1995 teen birthrates for girls in the white and Asian/other racial categories were much lower (33 and 17 per 1,000, respectively). Birth statistics also suggest that most of the recent decline in teen birthrates in Illinois has occurred within the city of Chicago. Figure 2–7 shows the change in birthrates from 1993 to 1998 for 15-to-19-year-old girls in Chicago, suburban Cook County, the collar counties, and the balance of the state. Although teen birthrates declined in all four regions during this period, the only substantial decrease was within Chicago, where the rate dropped from 115 to 90 per 1,000. In absolute numbers, this represents a decrease of over 1,500 births to teen mothers in Chicago each year.

## NOTES

1 U.S. Bureau of the Census, Current Population Reports, Series P20-514, "Marital Status and Living Arrangements: March 1998 (Update)."

2 National Center for Health Statistics, "Vital Statistics of the United States, 1997, Volume I, Natality," Tables 1–6.

3 Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 48 No. 16, "Nonmarital Childbearing in the United States, 1940–99."

4 U.S. Bureau of the Census, Current Population Reports, PPL-101, "Household and Family Characteristics: March 1998 (Update)," Tables 16 and 17.

5 This fertility rate adjusts for changes in the size of the potential childbearing portion of the adult population. It represents the number of births in a year per 1,000 women ages 15 to 44.

6 These tables are computed from the Annual Demographic Survey (March) of the Current Population Survey (CPS) performed by the U.S. Bureau of the Census. The years for which data are presented are each at the midpoint of a 5-year interval, and consecutive March CPS samples are pooled across all 5 years in the interval to produce numbers we use as a single year's estimate. For example, the 1995 numbers reported here represent the combined samples of March CPS data for years 1993, 1994, 1995, 1996, and 1997. This pooling procedure provides a combined sample size large enough to produce stable and reliable estimates for this discussion. Reliance on a single year's CPS data for Illinois would contain too much sampling error to support discussion of some of the less prevalent categories of interest.

7 For the United States as a whole, the 1990 Census found that just over four-fifths (82%) of children in two-parent families lived with both biological parents. Of the others, 16 percent lived with a natural parent and a stepparent, and 2 percent lived with adoptive parents.

8 Such broad racial/ethnic groups are useful for descriptive purposes, but necessarily obscure the substantial variation and rich diversity that exist among the persons included in each category. Most of the tables and figures presented in this chapter are based on data from the Current Population Survey. "White" is used for non-Hispanic whites, "African American" for non-Hispanic blacks, "Hispanic" for all Hispanic categories, and "Asian-other" for Asians, American Indians, Alaska Native, and all "unknown and other" codes. The Asian-other ethnic group is not included in most of the comparisons of this chapter because the sample size was not sufficient to support reliable estimates for the indicators being described.

9 One process that is not directly addressed by these data is the marriage (or remarriage) of persons with children. For many adults, single parenthood is a transitional status, because single parents from dissolved marriages and never-married parents can and do enter new marriages. The rapid increase in the number of children with never-married single parents is particularly impressive when one considers the definitional fact that never-married adults can shift from the status of being never-married into the other categories (married or ever-married), but that they can never move back.

10 In this section, single mothers are classified into two categories, ever-married and never married, while single fathers are treated as a single category. The primary reason for this is sample size—there are not enough single fathers to support the more detailed classification. However, it also appears that marital status is less important as a predictor of these factors for single fathers.

11 Newer reports through 1998 suggest that the teen birthrate among Hispanics has also started to decline. This downturn from the increase observed between 1985 and 1995 has occurred later, and less dramatically, than the recent decreases observed for the other racial and ethnic groups.

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## Chapter 3

# CHILDREN IN POVERTY

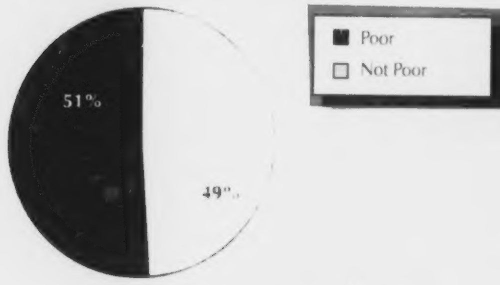
The financial resources available to children play a critical role in their development. Although the experiences of growing up poor can not be easily generalized as always bad, one can safely argue that poverty presents a set of challenges to children's development. There is a great deal of research linking chronic poverty to poor child outcomes, especially in the areas of child social and cognitive development.[1] Although positive personal characteristics (such as good health and a good temperament) can buffer its effects, poverty is likely to take an eventual toll on the child.

Living in poverty can also overwhelm parents, who cannot then devote as much time and attention to the child as is needed for healthy development. In addition, parents facing economic hardship tend to have higher rates of mental health problems and few sources of social support.[2] Without proper stimulation and cognitive development at an early age, children may enter school unprepared, fall behind, and fail to secure positive peer relationships that will carry them through adolescence. In short, poverty is detrimental to a child's current and future well-being.

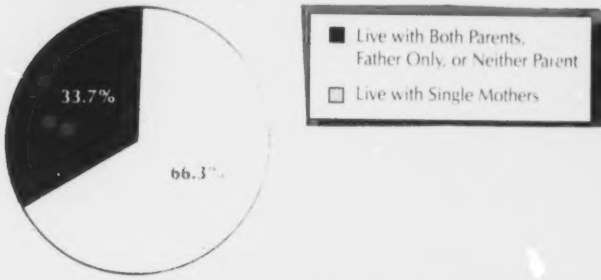
This chapter describes the current economic situation of Illinois children and examines the demographic and social factors associated with childhood poverty. Poverty among Illinois children has been declining slightly since the mid-1980s, when roughly 22 percent of the state's children were considered poor. As many before us have documented, childhood poverty can be linked to parents' socioeconomic characteristics, such as single parenthood, teen parenthood, and a low level of education. Children of single mothers face many economic difficulties. In Illinois in 1995, one-half of all children living with only their mothers were poor, and roughly two-thirds of all poor children lived with single mothers. Children born to mothers who had their first child as teenagers were more than 3 times as likely to live in poverty as those born to non-

*This chapter was prepared by Bong Joo Lee and Michael Weir.*

**Poverty Status of Illinois Children Living With Single Mothers, 1995**



**Living Arrangements of All Poor Illinois Children, 1995**



teen mothers. Parental education is increasingly recognized as a factor associated with childhood poverty. Increasingly, more than a high school diploma is needed to prevent children from living in poverty. Since 1985, the proportion of children whose parents had a high school diploma and yet faced poverty has climbed, while the poverty rate for those children living with parents with education beyond a high school diploma has been declining.

The *child poverty rate* is the primary indicator used to illuminate children's economic well-being. This rate is defined as the percentage of children under the age of 18 living in families with incomes below the national poverty line. The national poverty line, which was set at an annual family income of $16,050 for a family of four in 1997, was initially developed by the Social Security Administration in 1963, essentially based on the cost of providing for the minimum dietary needs of a family.

Although this official measure of poverty has been in use for several decades, there is considerable debate about whether it adequately reflects the minimum standard of living. Some argue that it underestimates poverty because the measure is based on an estimate of the minimum family expenditure on dietary needs and because it is based on pre-tax income. Others argue that it overestimates poverty because it only considers cash income, ignoring such in-kind income as Medicaid or food stamp benefits. Still others argue that the current measure considers only an absolute level of deprivation whereas the economic well-being of citizens should be measured in relative terms.[3] Some also suggest that the official poverty measure is limited because it views income at a point in time only, arguing that a more meaningful indicator would take into account the duration of poverty. We briefly address these latter two points—measures of income inequality and the persistence of poverty—at the end of this chapter.

Although there are pros and cons of measuring poverty in alternative ways, we begin this chapter by focusing on the official poverty rate as a benchmark measure for two reasons. First, because the data have been collected in a consistent way, the official poverty measure allows us to examine trends in the economic well-being of Illinois children over time. Second, the official poverty line is closely linked to eligibility for and benefit levels of various government income support programs. Hence, from policy and program perspectives, the measure itself has substantive implications for children's and families' economic well-being.

The first section of this chapter focuses on the official child poverty rate and examines the distribution of Illinois children by family income groups in relation to the official poverty line. The second section examines sociodemographic factors related to child poverty. The third section extends the description of poverty by examining those children who are considered to be very poor—those who are living in families with incomes less than one-half the official poverty line—and the final section considers some alternative measures of children's economic well-being with corresponding Illinois data.

## Trends in Child Poverty Rates

The most recent data indicate that, based on the official standard, approximately one of every five Illinois children is living in a poor family. From the 1970s through the mid-1980s, the prevalence of Illinois child poverty increased steadily. By the official standard, approximately 11 percent of Illinois children lived in poor families in 1969.[4] That proportion had reached 22.3 percent by the mid-1980s—the highest level of child poverty in Illinois in three decades (see Table 3–1). Since the mid-1980s, the state has seen a modest decline in the child poverty rate, from 22.3 percent in 1985 to 20.6 percent in 1995.[5]

Table 3–1 places Illinois children into three family income groups for the years 1985, 1990, and 1995—those living in families earning below the poverty line, those with family incomes 1 to 2 times greater than the poverty line, and those with incomes greater than twice the poverty line.[6] Table 3–1 also presents data broken down by the following regions: the city of Chicago, the Chicago metropolitan area, the balance of the state, and Illinois as a whole. Because the Current Population Survey data prior to 1990 do not allow us to separate Chicago from the Chicago metropolitan area (which includes Cook County and the collar counties), Chicago data are presented for 1990 and 1995 only.

The majority of children in Illinois (approximately 60%) lived in families with incomes greater than twice the poverty line in 1985, 1990, and 1995. Nearly one-fifth of Illinois

## Table 3–1. Trends in Child Poverty in Illinois, 1985, 1990, and 1995

| | Numbers (in 1,000s) | | | | Percent | | | |
|---|---|---|---|---|---|---|---|---|
| | Below Poverty | 1-2 Times Poverty | >2 Times Poverty | Total | Below Poverty | 1-2 Times Poverty | >2 Times Poverty | Total |
| **Illinois, Total** | | | | | | | | |
| 1985 | 711 | 635 | 1,838 | 3,184 | 22.3 | 19.9 | 57.7 | 100.0 |
| 1990 | 635 | 560 | 1,821 | 3,016 | 21.1 | 18.6 | 60.4 | 100.0 |
| 1995 | 656 | 612 | 1,925 | 3,192 | 20.6 | 19.2 | 60.3 | 100.0 |
| **Chicago Metropolitan Area[a] (Cook County and Collar Counties)** | | | | | | | | |
| 1985 | 478 | 353 | 1,210 | 2,041 | 23.4 | 17.3 | 59.3 | 100.0 |
| 1990 | 459 | 341 | 1,197 | 1,997 | 23.0 | 17.1 | 59.9 | 100.0 |
| 1995 | 437 | 361 | 1,319 | 2,117 | 20.6 | 17.1 | 62.3 | 100.0 |
| **Chicago Only** | | | | | | | | |
| 1990 | 340 | 159 | 264 | 763 | 44.6 | 20.8 | 34.6 | 100.0 |
| 1995 | 327 | 168 | 272 | 767 | 42.6 | 21.9 | 35.5 | 100.0 |
| **Balance of the State** | | | | | | | | |
| 1985 | 233 | 282 | 627 | 1,143 | 20.4 | 24.7 | 54.9 | 99.9 |
| 1990 | 176 | 218 | 625 | 1,018 | 17.3 | 21.4 | 61.4 | 100.1 |
| 1995 | 218 | 252 | 605 | 1,075 | 20.3 | 23.4 | 56.3 | 100.0 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

*Note:* Some percentages may not add up to 100 due to rounding.

[a] The Chicago Metropolitan Area includes Cook, Kane, Lake, DuPage, McHenry, Will, Kendall, and Grundy counties. For 1995, it also includes DeKalb County. It is not possible to include DeKalb in the Chicago Metropolitan Area in 1985 and 1990 because prior to 1992 it was not part of any Metropolitan Statistical Area.

children lived in families with incomes from 1 to 2 times the poverty line, and slightly more than one-fifth lived in families with incomes below the official poverty line. In the state as a whole, from 1985 to 1995, there was a drop in the proportion of those living in poverty (from 22.3% to 20.6%), and an increase in the proportion of those living in families with incomes greater than twice the poverty line (from 57.7% to 60.3%).

Throughout the years under review, in metropolitan Chicago, a higher proportion of children have lived in poverty than in the balance of the state. By examining Chicago statistics for 1990 and 1995, it is also apparent that the relatively higher child poverty rates in the Chicago metropolitan area are mainly due to the high concentration of poor children within the city of Chicago. In 1995, about 43 percent of children

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living in the city of Chicago were living in families with incomes below the poverty line. The Chicago metropolitan area has also had a lower proportion of children living in families with incomes between 1 and 2 times the poverty level than has the balance of the state.

A notable trend in the data presented in Table 3–1 is that while there has been a drop in the proportion of children living in poverty in the metropolitan Chicago area since 1985, the balance of the state saw the child poverty rate decline considerably from 1985 to 1990 and then return to the 1985 level in 1995. As a result, child poverty rates in the two regions converged to the same level in 1995 (about 20%) despite the sizeable difference between the two a decade earlier. The data presented in Table 3–1 suggest that the overall gains in economic well-being of Illinois children, particularly during the 1990s, mainly reflect improvements in the metropolitan Chicago area.

## Child Poverty: Risk of Occurrence

In 1995, the most recent data available, approximately 656,000 children under age 18 in Illinois were living in poverty. Although Table 3–1 shows decreases in child poverty since the mid-1980s in Illinois, such aggregate data obscure important differences in the odds of living in poverty across various socioeconomic groups.

Table 3–2 presents child poverty data for the years 1985, 1990, and 1995, according to characteristics of children and their parents. As shown in Table 3–2, factors such as the age of the child, race or ethnicity, family structure, mother's marital status, mother's age when the oldest child was born, and parental education are all associated with a child's likelihood of living in poverty. Younger children, for example, are at greater risk of poverty than older children. In 1995, poverty rates for children younger than age 5 were about 60 percent higher than for children age 12 and older.

Although child poverty as a whole declined for children between 1985 and 1995, the gap in economic well-being among children of different racial and ethnic groups is striking. As shown in Table 3–2, in 1995, African Americans were more than 5 times as likely as white children to live in poverty, and Hispanic children were more than 3 times as likely as white children to live in poverty. During the period examined, the racial composition of poor children in Illinois also became increasingly African American and Hispanic. White children declined as a proportion of poor children from 38.5 percent in 1985 to 29 percent in 1995, while the proportion of poor African American and Hispanic children increased. As of 1995, 52 percent of all Illinois poor children were African American and nearly 18 percent were Hispanic.

## Table 3–2. Characteristics of Illinois Children by Poverty Status, 1985, 1990, and 1995

| | 1985 | | | | | 1990 | | | | | 1995 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number of All Children (in 1,000s) | Percent of All Children | Number of Poor Children (in 1,000s) | Percent of Poor Children | **Child Poverty Rate** | Number of All Children (in 1,000s) | Percent of All Children | Number of Poor Children (in 1,000s) | Percent of Poor Children | **Child Poverty Rate** | Number of All Children (in 1,000s) | Percent of All Children | Number of Poor Children (in 1,000s) | Percent of Poor Children | **Child Poverty Rate** |
| **Total** | 3,184 | 100.0 | 711 | 100.0 | **22.3** | 3,016 | 100.0 | 635 | 100.0 | **21.1** | 3,192 | 100.0 | 656 | 100.0 | **20.6** |
| **Age Group:** | | | | | | | | | | | | | | | |
| 0 to 5 | 1,108 | 34.8 | 287 | 40.3 | **25.9** | 1,084 | 35.9 | 264 | 41.6 | **24.4** | 1093 | 34.2 | 274 | 41.8 | **25.1** |
| 6 to 11 | 1,046 | 32.9 | 228 | 32.0 | **21.8** | 1,004 | 33.3 | 208 | 32.8 | **20.7** | 1072 | 33.6 | 219 | 33.4 | **20.4** |
| 12 to 17 | 1,030 | 32.3 | 197 | 27.7 | **19.1** | 928 | 30.8 | 163 | 25.7 | **17.6** | 1027 | 32.2 | 163 | 24.8 | **15.9** |
| **Race/Ethnicity** | | | | | | | | | | | | | | | |
| White | 2,249 | 70.7 | 274 | 38.5 | **12.2** | 1,990 | 65.98 | 192 | 30.2 | **9.6** | 2,048 | 64.16 | 190 | 29.0 | **9.3** |
| African American | 603 | 18.9 | 333 | 46.8 | **55.2** | 612 | 20.29 | 322 | 50.7 | **52.6** | 690 | 21.62 | 341 | 52.0 | **49.4** |
| Hispanic | 260 | 8.2 | 96 | 13.5 | **36.9** | 316 | 10.48 | 102 | 16.1 | **32.3** | 369 | 11.56 | 117 | 17.8 | **31.7** |
| Other[1] | 71 | 2.2 | 8 | 0.0 | **11.3** | 98 | 3.15 | 19 | 0.03 | **19.4** | 85 | 2.59 | 8 | 0.01 | **9.4** |
| **Family Structure:** | | | | | | | | | | | | | | | |
| Both parents | 2,329 | 73.2 | 222 | 31.2 | **9.5** | 2,123 | 70.4 | 151 | 23.8 | **7.1** | 2,155 | 67.5 | 168 | 25.6 | **7.8** |
| Mother only | 755 | 23.7 | 457 | 64.3 | **60.5** | 780 | 25.9 | 455 | 71.7 | **58.3** | 853 | 26.7 | 435 | 66.3 | **51.0** |
| Father only | 47 | 1.5 | 10 | 1.4 | **21.3** | 73 | 2.4 | 10 | 1.6 | **13.7** | 98 | 3.1 | 18 | 2.7 | **18.4** |
| Neither parent | 52 | 1.6 | 22 | 3.1 | **42.3** | 40 | 1.3 | 19 | 3.0 | **47.5** | 87 | 2.7 | 35 | 5.3 | **40.2** |
| **Mother's Marital Status:** | | | | | | | | | | | | | | | |
| Married (spouse present) | 2,329 | 73.2 | 222 | 32.7 | **9.5** | 2,123 | 70.4 | 151 | 24.9 | **7.1** | 2,155 | 67.5 | 167 | 27.7 | **7.7** |
| Married (spouse absent) | 13 | 0.4 | 10 | 1.5 | **76.9** | 20 | 0.7 | 9 | 1.5 | **45.0** | 31 | 1.0 | 8 | 1.3 | **25.8** |
| Divorced/widowed/ separated | 484 | 15.2 | 244 | 35.9 | **50.4** | 429 | 14.2 | 199 | 32.8 | **46.4** | 444 | 13.9 | 172 | 28.6 | **38.7** |
| Never married | 258 | 8.1 | 203 | 29.9 | **78.7** | 331 | 11.0 | 247 | 40.8 | **74.6** | 378 | 11.8 | 255 | 42.4 | **67.5** |
| Mother not present | 99 | 3.1 | 32 | 4.5 | **32.3** | 113 | 3.7 | 29 | 5 | **25.7** | 185 | 5.8 | 53 | 8 | **28.6** |
| **Mother's Age When Oldest Child Born:** | | | | | | | | | | | | | | | |
| Teen mother | 677 | 21.3 | 290 | 42.7 | **42.8** | 601 | 19.9 | 274 | 45.2 | **45.6** | 563 | 17.6 | 264 | 43.9 | **46.9** |
| Not teen mother | 2,408 | 75.6 | 389 | 57.3 | **16.2** | 2,302 | 76.3 | 332 | 54.8 | **14.4** | 2,445 | 76.6 | 338 | 56.1 | **13.8** |
| Mother not present | 99 | 3.1 | 32 | 4.5 | **32.3** | 113 | 3.7 | 29 | 5 | **25.7** | 185 | 5.8 | 53 | 8 | **28.6** |
| **Highest Educational Attainment of Parent:** | | | | | | | | | | | | | | | |
| Less than high school | 489 | 15.4 | 298 | 43.3 | **60.9** | 494 | 16.4 | 295 | 47.8 | **59.7** | 426 | 13.3 | 239 | 38.5 | **56.1** |
| High school graduate | 1,040 | 32.7 | 246 | 35.7 | **23.7** | 882 | 29.3 | 212 | 34.4 | **24.0** | 851 | 26.7 | 246 | 39.6 | **28.9** |
| At least some college or more | 1,603 | 50.3 | 145 | 21.0 | **9.0** | 1,599 | 53.0 | 110 | 17.8 | **6.9** | 1,828 | 57.3 | 136 | 21.9 | **7.4** |
| Neither parent | 52 | 1.6 | 22 | 3.1 | **42.3** | 40 | 1.3 | 19 | 3.0 | **47.5** | 87 | 2.7 | 35 | 5.3 | **40.2** |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

*Note:* Some percentages may not add up to 100 due to rounding.

[1] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

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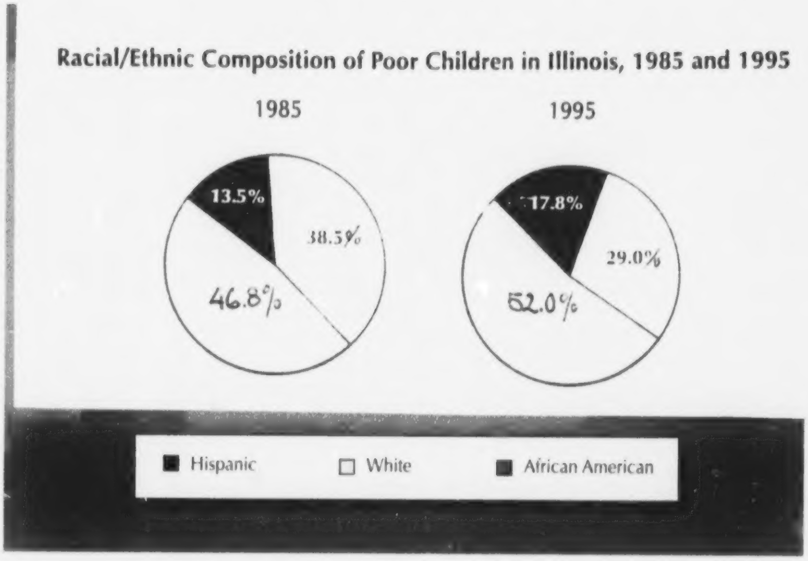
With regard to family structure, children of single mothers continue to face economic difficulties. More than one-half (51 percent) of all Illinois children with only their mothers present in 1995 lived in poverty compared with less than 8 percent of the children living with two parents. Children living only with mothers also constitute the largest share of the poor child population in Illinois. About two-thirds (66.3%) of all poor children in Illinois in 1995 lived with single mothers.

Table 3–2 also distinguishes between which parent the child lives with and the marital status of the child's parents. It shows that, along with family structure, the marital status of parents has a significant effect on the odds of a child living in poverty. The children most likely to be poor are those living with never-married mothers. Although the poverty rates among children living with never-married mothers declined in the decade from 1985 to 1995, they are considerably higher for this group than for any other marital group—about 9 times higher than for children living with married mothers whose spouse is present. Among children living with single mothers, those children living with never-married mothers are more than 1.5 times as likely to live in poverty as those living with divorced, separated, or widowed mothers. Children living in poverty in Illinois increasingly tended to live with never-married mothers during the period. The proportion of poor children living with never-married mothers increased from just under 30 percent in 1985 to more than 40 percent in 1995.


**Racial/Ethnic Composition of Poor Children in Illinois, 1985 and 1995**

Being born to a teenage mother (under age 20) is also a risk factor for child poverty.[7] As shown in Table 3–2, children born to mothers who had their first children as teenagers are more than 3 times as likely to live in poverty as those born to nonteen mothers. The data also show almost half of all children living in poverty in Illinois are living with mothers who had their first child in their teen years.

The relationship between the parents' education and the child poverty rate is also shown in Table 3–2.[8] Children living with parents who did not complete high school were the most vulnerable to poverty. The poverty rate for these children was nearly 61 percent in 1985, and although it had decreased to about 56 percent by 1995, it was still approximately twice that of children whose parents had graduated from high school and almost 8 times higher than that of children whose parents had attended college.

One notable trend shown in Table 3–2 is the increasing poverty rate since 1985 for children whose parents are high school graduates. Although the child poverty rates for the other groups mostly declined during,the same period, the poverty rate for children of high school graduates increased from 23.7 in 1985 to 28.9 in 1995. This finding may suggest that parents with only a high school diploma face increasing difficulties in a rapidly changing labor market that requires more specialized education.

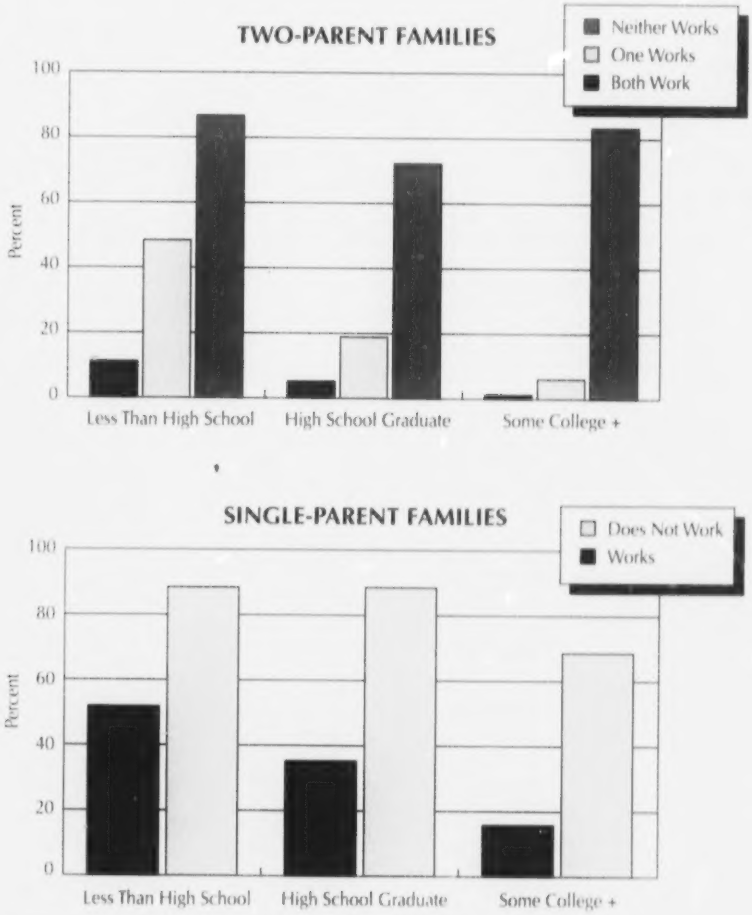
Parents' employment status also has a direct effect on child poverty. Figure 3–1 presents child poverty rates according to family structure, parental education, and parental employment status in 1995 and shows how the chances of a child being poor vary dramatically according to the parents' employment status—regardless of education level or family structure. Among the children who were living in two-parent families, a child with both parents unemployed is almost twice as likely to live in poverty as a child with only one parent unemployed when the parents don't have a high school diploma, and a child is more than 13 times as likely to live in poverty with both parents unemployed as opposed to only one unemployed when the parents have some college education. A similar pattern exists among single-parent families, where the poverty rate for children whose parent is unemployed is almost twice as high for those whose parent is employed when the parent does not have a high school diploma. The rate is more than 4 times higher when the parent has some college education.

Although data presented in Figure 3–1 indicate the influence of parents' employment status on the likelihood of being in poverty, they also underscore the importance of family structure and parental education. Even when both parents were working, more than 11 percent of children whose parents were not high school graduates were living in poverty in 1995.[9] In single-parent, working families, more than one-half of the children (51.9 %) whose parent had not graduated from high school were living in poverty.

## Children in Deep Poverty

In recent years, there has been growing concern over the group of children who are living in very poor families, or in *deep* poverty. *Deep poverty* is defined as income less than one-half the official poverty line. This group takes on added importance as a growing number of government policies and programs stress self-sufficiency as a goal for poor families. This segment of the

**Figure 3–1. Illinois Child Poverty Rates by Family Structure, Parental Education, and Parental Employment Status, 1995**



*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

poor population may have significant difficulties in achieving self-sufficiency without additional assistance.

According to Table 3–3, there were 328,000 Illinois children in families whose incomes were less than half the official poverty line in 1995. This number is about 10 percent of the total Illinois child population, and represents approximately one-half of all children living below the poverty line.[10] As with the trends in child poverty rates in general since 1985, the proportion of Illinois children in deep poverty decreased slightly, from 12.2 percent in 1985 to 10.3 percent in 1995. Table 3–3 profiles children living in deep poverty according to their racial/ethnic origins and family structure in 1985, 1990, and 1995. These two factors associated with the risk of living in poverty are even more pronounced among children in deep poverty. During the years examined, approximately 80 percent of children in deep poverty were children of single mothers. Over time, the proportion of African American children in this group grew (from 52.1% in 1985 to 60.9% in 1995) and the proportion of white children declined (from 33.8% in 1985 to 23.7% in 1995).

## Alternative Measures of Poverty

### *Median Family Income: A Relative Measure of Poverty*

Our description of the economic well-being of Illinois children has been based on the official poverty line. This method is based on the assumption that there is an absolute minimum level of family income that a typical family requires in order to provide necessary resources for its children. Measuring poverty based on such a minimum standard of living is referred to as the *absolute approach*.

**Table 3-3. Racial/Ethnic and Family Structure Characteristics of Children in Deep Poverty,[a] 1985, 1990, and 1995**

| | Number (in 1,000s) | | | Percent | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| Total number of children | 3,184 | 3,016 | 3,192 | | | |
| Children in deep poverty | 388 | 371 | 328 | 100.0 | 100.0 | 100.0 |
| Deep poverty rate (%) | 12.2 | 12.3 | 10.3 | | | |
| **Race/Ethnicity** | | | | | | |
| White | 131 | 98 | 78 | 33.8 | 26.5 | 23.7 |
| African American | 202 | 214 | 199 | 52.1 | 57.7 | 60.9 |
| Hispanic | 51 | 54 | 47 | 13.1 | 14.6 | 14.4 |
| Other[b] | 3 | 4 | 4 | 0.9 | 1.2 | 1.1 |
| **Family Structure** | | | | | | |
| Both parents | 75 | 56 | 50 | 19.4 | 15.0 | 15.3 |
| Mother only | 304 | 303 | 255 | 78.2 | 81.5 | 77.9 |
| Father only | 4 | 4 | 11 | 1.0 | 1.0 | 3.5 |
| Neither parent | 6 | 9 | 11 | 1.5 | 2.5 | 3.2 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Less than one-half of the official poverty line.

[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

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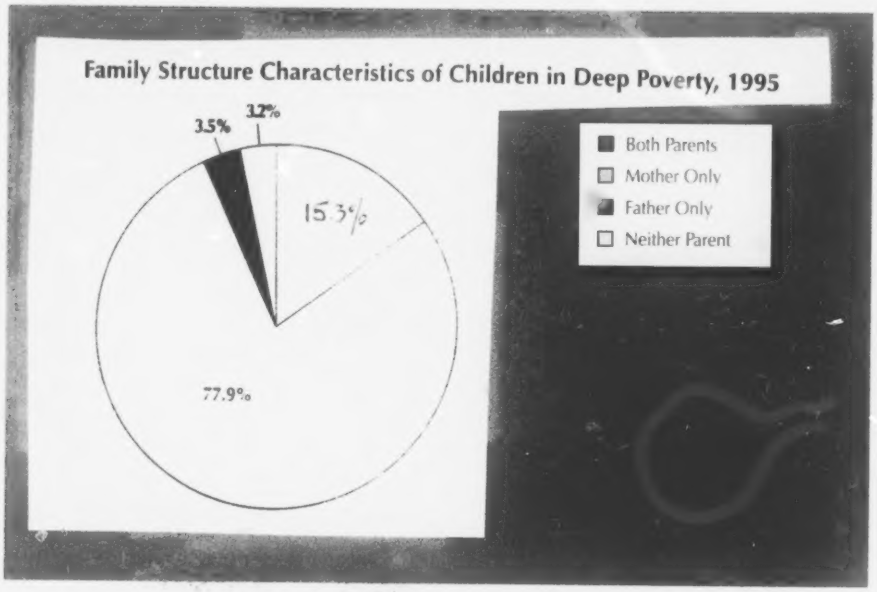


Family Structure Characteristics of Children in Deep Poverty, 1995

Another way to examine economic deprivation is to describe a child's economic status in relation to other children in society. In other words, the reference is not to an absolute level of family income, but rather, to a level relative to other typical families. This perspective recognizes social aspects of economic deprivation. One way to construct a relative measure of poverty is to examine median family income and the distribution around the median. *Median family income* is the income level that divides the population of families in half—one-half of all families have incomes above and one-half have incomes below that level. Normally, one-half of the median income is used as a benchmark of relative child poverty. Table 3–4 presents estimated median family income and the proportion of children in Illinois whose family income is less than one-half of the median income.[11]

The median family income in Illinois as a whole increased, in real terms, from $40,022 in 1985 to $43,534 in 1990, and has remained at nearly the same level since 1990. There has been very little change in the proportion of children (roughly 31%) with family incomes lower than one-half of the median family income (or relative poverty level) between 1985 and 1995. When these relative child poverty statistics are compared with the absolute figures based on the official poverty threshold, one can infer that although there has been modest improvement in Illinois children's economic well-being since 1985 as measured by lower absolute child poverty (see Table 3–1), the relative standing of poor children when compared with the overall family

**Table 3–4. Children with Family Incomes Below One-Half of the Median State Family Income, 1985, 1990, and 1995**

| Year | Number (in 1,000s) | Percent of Child Population | Median Income[a] | Half of Median Income |
|---|---|---|---|---|
| 1985 | 1,001 | 31.4 | $40,022 | $20,011 |
| 1990 | 945 | 31.4 | $43,534 | $21,767 |
| 1995 | 1,007 | 31.5 | $43,355 | $21,678 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Family income is adjusted for family size based on the equivalence values used in calculating the official poverty threshold. The median income levels shown are scaled for a family size of four, in 1995 dollars.

income distribution has not changed (see Table 3–4). Throughout the period examined, nearly one-third of Illinois children lived in families whose incomes were lower than one-half the median family income.

### *Measures of Income Inequality*

Another way to study the income distribution is to examine the concentration of income in a society. The Gini coefficient has long been used in the field of demography as an index of income inequality. The Gini coefficient is defined in such a way that a value of 1.0 would represent a very extreme case of inequality where one family has all the state's income, and a value of 0.0 would represent perfect equality where every family in the state has the same level of income. Thus, an increase in the Gini index toward 1 implies that the degree of income inequality is increasing. Table 3–5 presents both pre- and post-transfer Gini coefficients from 1985 to 1995. Pre-transfer coefficients are based on "market" family income, which is calculated by subtracting any public assistance, welfare (including AFDC), and supplemental security income from total family income. Comparing pre- and post-transfer Gini coefficients, one can see that the government income support programs change the income distribution toward a more "equal" one. Throughout the period, the various income support programs were accountable for about a 0.03-point reduction in Gini coefficients in

**Table 3–5. Gini Coefficients for Families with Children, Pre- and Post-Transfer Family Income, 1985, 1990, and 1995**

| Year | Pre-Transfer[a] | Post-Transfer | Difference Between Pre- and Post-Transfer |
|---|---|---|---|
| 1985 | 0.441 | 0.406 | –0.035 |
| 1990 | 0.450 | 0.419 | –0.031 |
| 1995 | 0.465 | 0.433 | –0.032 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Pre-transfer income refers to market family income, which is calculated by subtracting any public assistance, welfare (including AFDC/TANF), and Supplemental Security Income from the total family income.

Illinois. Although the effect of government income support programs on the overall income distribution has been at the same level during the period, the distribution of income among families with children in Illinois has become more "unequal" since 1985. Examination of the trends with post-transfer income, which represents total family income, shows that the Gini coefficient changed from 0.406 in 1985 to 0.433 in 1995. This finding, coupled with the findings of little change in the relative child poverty statistics during the same period discussed in the previous section, highlights the fact that children in families with higher incomes benefited disproportionately more than those in lower-income groups from the economic growth in Illinois since the early 1990s.

### *Persistence of Poverty*

One of the criticisms of the current official poverty measure is that it measures only economic deprivation at a given point in time (or for a very short period). Because the characteristics and consequences of long-term poverty (often described as persistent poverty) are often very different from those of short-term poverty ("temporary" poverty), some researchers point out the need for a "long-term" poverty indicator. A recent study of the effects of poverty documented the fact that "duration of poverty" has a significant effect on children's developmental outcomes.[12] Although researchers agree that an indicator of persistent poverty is needed in monitoring trends in child poverty, data sources for such an indicator are very scarce, especially at the state level. Most indicators and studies of the issue have used national survey data, and Illinois is no exception. In the absence of data to measure long-term child poverty in Illinois, in this section we examine the duration of child poverty utilizing individual-level administrative data on AFDC/TANF receipt. By examining how long a typical poor child remains on the cash assistance program, we can paint a picture of child poverty duration in Illinois. Because not all poor children receive cash assistance, this measure is only a rough proxy for the duration of poverty.[13]

Table 3–6 shows how long Illinois children have remained on the cash assistance program (AFDC/TANF) in recent years. The data follow all children who first entered AFDC/TANF from 1990 to 1998 (until they left the program or until the end of 1998), showing the duration of the program receipt. About 49 percent of all children who entered the AFDC program in 1990 left the program within 1 year. Looking at the number of children who entered the cash assistance program for the first time, one finds that there has been an almost-linear decline in the number of new entrants during the 1990s.[14] The number of new entrants during the early 1990s stood at about 140,000. By 1998, the number had declined

**Table 3–6. Patterns of Exit from AFDC/TANF Among Children Who Entered AFDC/TANF Between 1990 and 1998**

| Year of Entry to AFDC/TANF | Number of New Entries to AFDC/TANF | Percent of Those Exiting from AFDC/TANF Within: | | | | |
|---|---|---|---|---|---|---|
| | | 6 months | 1 year | 2 years | 3 years | 5 years |
| 1990 | 140,108 | 33.5 | 49.1 | 64.5 | 73.6 | 83.4 |
| 1991 | 134,984 | 33.8 | 51.8 | 67.2 | 75.1 | 85.1 |
| 1992 | 114,323 | 31.6 | 48.2 | 63.3 | 72.5 | 85.2 |
| 1993 | 117,696 | 28.5 | 44.7 | 62.4 | 73.0 | 87.1 |
| 1994 | 112,201 | 28.8 | 46.2 | 64.4 | 76.5 | 88.6 |
| 1995 | 90,667 | 30.1 | 49.0 | 69.8 | 81.4 | 86.6 |
| 1996 | 82,980 | 33.7 | 55.7 | 76.2 | 83.7 | |
| 1997 | 51,619 | 40.1 | 64.0 | 77.8 | | |
| 1998 | 40,588 | 40.4 | 49.9 | | | |

*Source:* The Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

*Note:* Shaded areas represent the periods of censored observations, meaning that all of the entries had not yet reached the associated time point.

to about 40,000, representing approximately a 70-percent reduction in the number of new entrants.[15]

The data presented in Table 3–6 also show that the majority of children who entered AFDC/TANF during the 1990s left the program relatively quickly.[16] Throughout the period, about 30 to 40 percent of the children left AFDC/TANF within 6 months. About one-half left the cash assistance program within a year. About 85 percent of those who entered AFDC/TANF between 1990 and 1993 left the program within 5 years. Using the duration of cash assistance receipt as a proxy for the duration of poverty, one finds that the continuous spell of poverty for the majority of Illinois children was rather short. Only about one-third of children needed cash assistance continuously for more than 2 years in Illinois. However, about 15 percent of the children whose families began to receive cash assistance between 1990 and 1993 stayed on the program for more than 5 years. Thus, although the majority of poor Illinois children do not face persistent poverty, a sizable child population needs cash assistance (that is, persistently) for a very long time.

Table 3–7 shows the duration of cash assistance receipt in terms of the median duration (the point in time by which one-half of the children have exited from the program) according to region and race/ethnicity. For the whole population of program entrants between 1990 and 1995, the median duration remained about 1 year. Since 1996, however, the median duration has been declining steadily, reaching 6 months for 1998 entrants. Although it is not clear whether the reduced duration of cash assistance receipt for Illinois children is due to general improvement in the

**Table 3–7. Median Duration of Children Receiving AFDC/TANF, in Months, by Region and Race/Ethnicity, 1990–1998**

| | | Region | | Race/Ethnicity | | | |
|---|---|---|---|---|---|---|---|
| Entry Year | All AFDC/ TANF entries | Chicago | Balance of State | White | African American | Hispanic | Other[a] |
| 1990 | 12 | 19 | 9 | 8 | 18 | 12 | 12 |
| 1991 | 11 | 16 | 8 | 7 | 16 | 11 | 12 |
| 1992 | 12 | 21 | 9 | 8 | 19 | 13 | 16 |
| 1993 | 14 | 21 | 11 | 9 | 20 | 14 | 17 |
| 1994 | 13 | 18 | 10 | 9 | 18 | 13 | 17 |
| 1995 | 12 | 16 | 9 | 8 | 16 | 12 | 13 |
| 1996 | 10 | 12 | 8 | 7 | 12 | 9 | 11 |
| 1997 | 8 | 10 | 6 | 6 | 10 | 8 | 8 |
| 1998 | 6 | 8 | 5 | 4 | 8 | 6 | 6 |

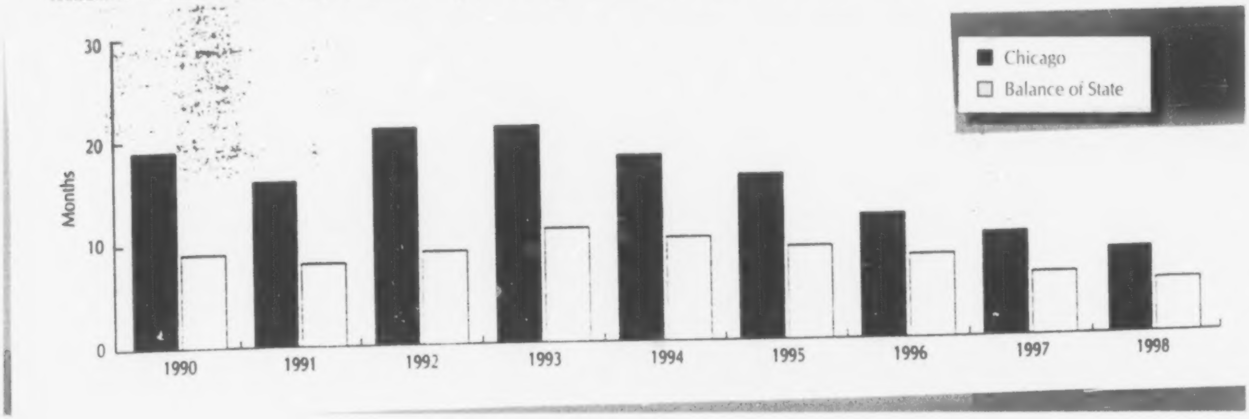
*Source:* The Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

economy since the mid-1990s or is a direct result of the 1996 welfare reform (see Chapter 10 on Economic Supports for further discussion), it is apparent that children who enter cash assistance today are likely to receive the assistance for a shorter period of time than those who entered in the early 1990s.

The data presented in Table 3–7 show significant variation in the duration of cash assistance receipt by region and race/ethnicity. Median durations in Chicago have been consistently longer than those in the balance of state. Because of higher official poverty rates for Chicago children compared to other regions

**Median Duration of AFDC/TANF Receipt, Chicago vs. Balance of State, 1990–1998**



of the state, one can expect that the higher poverty rate contributes to longer average durations of cash assistance receipt in Chicago. In addition, median durations for minority children are longer than for white children. Throughout the period, median durations for African American children are approximately twice those of white children. Although there has been a decrease in the median durations across all racial/ethnic groups of children in Illinois, there seems to be a persistent gap between white and other minority children.

## NOTES

1 For example, Duncan, G. J., & Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York: Russell Sage Foundation.

2 Klebanov, P. K., Brooks-Gunn, J., & Duncan, G. J. (1994). Does neighborhood and family poverty affect mother's parenting, mental health, and social support? *Journal of Marriage and the Family,* **56** (2), 441–55.

3 For more information about issues of measuring and defining poverty, see Citro, C. & Michael, R. (Eds.). (1995). *Measuring poverty: A new approach.* Washington, DC: National Research Council.

4 U. S. House of Representatives, Committee on Ways and Means. (1985). *Children in poverty.* (p. 613). Washington DC: U.S. Government Printing Office.

5 During the period, the changes in the national child poverty rates showed similar patterns. The national child poverty rate was about 14 percent in 1969 and it increased to about 23 percent by the mid-1980s. By 1997, the national child poverty rate declined to about 20 percent (see the U. S. Census Bureau Web page, "Poverty rates by age: 1959–1997," http://www.census.gov/hhes/poverty/poverty97/povage97.html).

6 Throughout the chapter, we calculate child poverty rates using the Current Population Survey March data by the U. S. Census. As with all sample surveys, the data are subject to sampling and response errors. Because of the small sample size at the state level in the CPS data, the sampling variability errors are a special concern when the CPS data are used to calculate state estimates. In order to address this problem, we present 5-year average child poverty rates by pooling 5 years' worth of the data. By pooling 5 years of samples, we obtained a sample size sufficient to allow us to make fairly reliable child poverty estimates in Illinois. Throughout the chapter, the time points of 1985, 1990, and 1995 represent the averages of CPS data from 1983–87, 1988–92, and 1993–97, respectively.

7 Since the CPS March data do not provide information about the mother's age at the birth of the first child directly, we estimated the mother's age at first birth by comparing the age of the oldest child in the family to the age of the mother. This method can underestimate the proportion of the mothers who were teens when they had their first child if those first-born children were not in the family at the time of the survey.

8 The highest level of education attainment of the parents is presented.

9 It should be noted that many children with working poor parents receive benefits from the Earned Income Tax Credit. As discussed earlier, the official definition of poverty only counts before-tax income. Therefore, an alternative poverty measure using after-tax income would produce a lower poverty estimate for this group of children. For further discussion of the EITC, please see the Economic Supports chapter.

10 Some argue that it is an attribute of the official poverty measure that so many children are in deep poverty. When in-kind income and other benefits such as the Earned Income Tax Credit are counted, many fewer of those children who are in poverty are in deep poverty. See Betson, D., & Michael, R. (1997). Why so many children are poor. *The Future of Children: Children and Poverty, 7*(2).

11 It should be noted again that we only consider before-tax income in calculating family income. Thus, the EITC is not included in the calculation of the median income.

12 See Duncan, G. J., & Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York: Russell Sage Foundation.

13 Recent CPS data show that about 61 percent of Illinois's poor children received cash assistance. It should also be noted that the welfare reform in 1997 changed the nature of the program substantially. See the Economic Supports chapter (Chapter 10) for further discussion of the recent cash assistance program change.

14 Using individual-level administrative data on AFDC/TANF recipients from the Illinois Department of Human Services, we define new entrants as those who have not participated in AFDC/TANF during the previous year.

15 For a more in-depth analysis of the changes in AFDC/TANF caseloads during the 1990s, see Lee, B. J., Goerge, R. M., & Dilts, J. (2000). *Outcomes for the income maintenance caseload during receipt: Caseload dynamics, employment and earnings in Illinois 1991–1999.* Chicago: Chapin Hall Center for Children at the University of Chicago.

16 It should be noted that we only examine the "first" program receipt duration. Many of those children who leave the cash assistance program reenter the program at some point.

## Chapter 4

# CHILD HEALTH

The health of children is a fundamental building block of welfare and success, for child health embodies physical well-being and contributes to a child's overall development. It is a key factor in school readiness and the ability to learn. For society, child health is critical to the vitality of present and future populations, and the state of child health indicates how well society is performing its task of ensuring that vitality.

In many areas, the health of Illinois children is stable or improving, as evidenced by steady or falling mortality rates since 1985. Decreases in mortality rates have been especially pronounced among young children (those up to 4 years of age), as a result of strides made in medical care of babies born prematurely or with complications. Advances in preventing sudden infant death syndrome (SIDS) and in treating respiratory diseases have contributed significantly to lowering mortality rates as well. Mortality rates for children ages 1 to 17 have also fallen. In short, many aspects of child health are continuing to be addressed with evident success. Less headway, however, has been made in preventing many avoidable health problems. Low birth weight can frequently be avoided by improving an expectant mother's diet, yet the prevalence of this condition has decreased little over the past 15 years. Prenatal care among young women, considered a high-risk group, is significantly lower than among older women. Adolescents, on the other hand, face health risks of a different kind. Teenagers die more often from auto accidents, shootings, and other injuries than from illness and disease (see Chapter 6 on Children and Violence).

Infant and child mortality rates—defined as deaths per 1,000 live births and deaths per 100,000 children, respectively, provide perhaps the most basic indication of the overall health of the child population. Because collecting mortality data has long been a core function of public health agencies, reliable information is available for tracking

*This chapter was prepared by Lucy Mackey Bilaver, John Dilts, and Jacqueline Moore.*

long-term trends in mortality rates and causes. Although some aspects of mortality trends, such as the general shape of the age-specific mortality curve, are essentially constant, others vary over time. Trends in mortality rates linked to specific causes of death are of particular importance. Such trends can indicate improvement in the health care system, advances in medical technology, successful health education efforts, or greater access to care. They can signal the presence of growing problems, such as violent behavior among teens. They can also provide crucial information for targeting public health resources. We, therefore, have chosen to open this chapter on infant and child health with an overview of mortality rates as a way to indicate either improvement or lack thereof in the state of children's health in Illinois.

## Infant and Child Health

### *Infant Mortality Rate*

The mortality rate for infants (children younger than 1 year) has been falling nationwide since the mid-1960s. In Illinois, infant mortality has fallen from 12 deaths per 1,000 live births in 1985 to 8.6 in 1998 (see Table 4–1). Although this change parallels the national trend, Illinois continues to have a high rate of infant mortality compared with many other states. A number of serious initiatives have attempted to address this situation, and indeed Illinois has risen in a national ranking since 1980, when only three states registered higher rates in infant mortality.

The statewide decrease in overall infant mortality is largely attributed to declines in *neonatal mortality*—deaths occurring in the first 27 days of life. Although neonatal deaths continue to account for approximately two-thirds of all infant deaths in the state, the rate of such deaths has dropped sharply, from 8.1 per 1,000 live births in 1985 to 5.6 in 1998. Advances in medical care for infants, especially premature infants, have likely

**Table 4–1. United States and Illinois Infant Mortality Rates (deaths per 1,000 live births), 1985–1998**

| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **U.S.** | 10.6 | 10.4 | 10.1 | 10.0 | 9.8 | 9.2 | 8.9 | 8.5 | 8.4 | 8.0 | 7.6 | 7.3 | 7.2 | 7.2 |
| Neonatal | 7.0 | 6.7 | 6.5 | 6.3 | 6.2 | 5.8 | 5.6 | 5.4 | 5.3 | 5.1 | 4.9 | 4.8 | 4.8 | 4.8 |
| Postneonatal | 3.7 | 3.6 | 3.6 | 3.6 | 3.6 | 3.4 | 3.4 | 3.1 | 3.1 | 2.9 | 2.7 | 2.5 | 2.5 | 2.4 |
| **Illinois** | 12.0 | 12.3 | 12.0 | 11.5 | 11.9 | 10.7 | 10.8 | 10.0 | 9.5 | 9.0 | 8.9 | 8.3 | 8.4 | 8.6 |
| Neonatal | 8.1 | 8.1 | 8.0 | 7.3 | 7.5 | 6.9 | 7.0 | 6.3 | 6.0 | 5.7 | 5.9 | 5.3 | 5.6 | 5.6 |
| Postneonatal | 3.9 | 4.1 | 4.0 | 4.2 | 4.4 | 3.8 | 3.8 | 3.6 | 3.5 | 3.3 | 3.0 | 3.0 | 2.8 | 2.9 |

*Sources:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); National Center for Health Statistics, "Advance Report of Final Mortality Statistics," Monthly Vital Statistics Reports, various volumes and years.

contributed to the improvement, as has improved prenatal care.[1]

Infant mortality rates have declined among all ethnic and racial groups. The sharpest improvements have occurred among Hispanic infants, whose mortality rates fell from 14.5 in 1985 to 6.6 in 1998 (see Table 4–2). In fact, infant mortality among Hispanics, over 50 percent higher than that of white infants in 1985, had reached near parity by the early 1990s. African Americans also experienced declining infant mortality, although rates for this population remained high—more than twice that of any other group from 1989 to 1998. Although the reasons for this disparity are not well understood, they may be linked to birth weight. Low birth weight among African American infants is more common than in other racial and ethnic groups.

The continuing decline in infant mortality may be traced to drops in deaths due to congenital anomalies, SIDS, and respiratory conditions. These three categories together accounted for 60 percent of infant deaths in 1985. Between 1985 and 1998, the mortality rate fell from 254 per 100,000 live births to 174 per 100,000 for congenital anomalies; from 188 to 83 for SIDS; and from 288 to 106 for respiratory conditions (see Figure 4–1). Again, these trends may be linked to medical advances in both prenatal care and interventions for infants born with certain life-threatening conditions. For example, the widespread introduction of surfactant therapy,

**Table 4–2. Illinois Infant Mortality Rates (deaths per 1,000 live births), by Race/Ethnicity, 1985–1998**

| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **African American** | 21.4 | 21.7 | 21.0 | 21.0 | 23.2 | 22.6 | 21.5 | 19.6 | 18.8 | 18.2 | 17.9 | 17.6 | 18.0 | 16.5 |
| Neonatal | 13.8 | 13.6 | 13.2 | 12.6 | 13.9 | 13.4 | 13.6 | 11.9 | 11.6 | 11.1 | 11.3 | 11.5 | 10.7 | 9.9 |
| Postneonatal | 7.6 | 8.1 | 7.8 | 8.4 | 9.3 | 9.2 | 7.9 | 7.7 | 7.2 | 7.1 | 6.5 | 2.4 | 7.3 | 6.6 |
| **Hispanic** | 14.5 | 14.4 | 13.2 | 12.0 | 10.8 | 9.0 | 8.7 | 7.5 | 7.0 | 7.2 | 6.6 | 6.5 | 6.4 | 6.6 |
| Neonatal | 10.2 | 9.5 | 9.0 | 8.0 | 6.6 | 6.7 | 5.5 | 4.9 | 4.4 | 4.5 | 4.1 | 3.7 | 3.6 | 4.2 |
| Postneonatal | 4.3 | 4.9 | 4.2 | 4.1 | 4.2 | 2.4 | 3.3 | 2.6 | 2.7 | 2.7 | 2.5 | 3.1 | 2.8 | 2.5 |
| **White** | 9.0 | 9.1 | 9.1 | 8.5 | 8.9 | 7.4 | 7.8 | 7.3 | 7.0 | 6.4 | 6.9 | 6.1 | 6.2 | 6.3 |
| Neonatal | 6.2 | 6.3 | 6.3 | 5.6 | 5.8 | 5.0 | 5.3 | 4.8 | 4.4 | 4.3 | 4.8 | 4.3 | 4.4 | 4.4 |
| Postneonatal | 2.8 | 2.8 | 2.8 | 2.9 | 3.1 | 2.4 | 2.6 | 2.5 | 2.5 | 2.1 | 2.1 | 1.8 | 1.8 | 1.9 |
| **Other**[a] | 3.7 | 7.9 | 4.9 | 4.2 | 4.4 | 4.1 | 2.9 | 4.7 | 3.9 | 3.4 | 3.7 | 3.4 | 3.2 | 3.0 |
| Neonatal | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Postneonatal | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

*Sources:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis).

*Note:* Missing rates indicate cells with too few events to compute reliable rates.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

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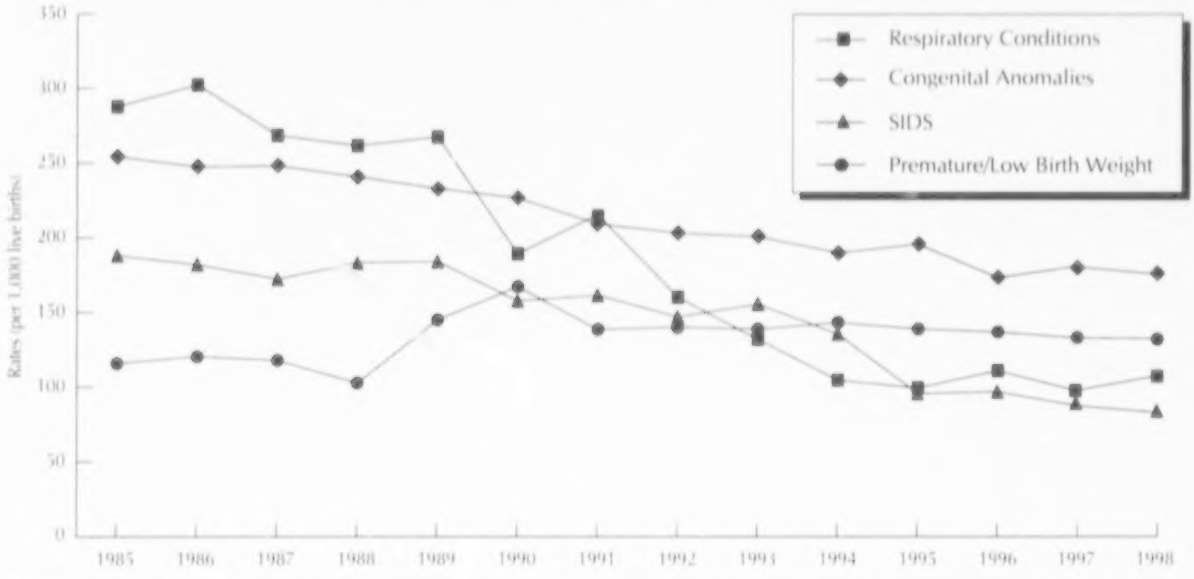
an effective treatment for respiratory distress syndrome in premature infants, is thought to be especially significant.[2] Heightened awareness of SIDS deaths and preventive techniques (such as placing an infant on its back while sleeping) are thought to have contributed to the significant decline both in SIDS deaths and in the overall infant mortality rates.

### *Low Birth Weight*

Low birth weight has long been used as an indicator of infant frailty and is one of the strongest determinants of infant mortality. Studies indicate that mortality rates are much higher among infants weighing less than 2,500 grams (5.5 lbs.) at birth. Low-birth-weight infants also face a higher risk of childhood disease and developmental delays.[3] Nationally, the incidence of infants born at low birth weight has risen in recent years, climbing from 6.8 percent in 1985 to 7.6 percent in 1998.[1] This increase offset an earlier decline between 1970 and 1985. In Illinois, the incidence of low birth weight ranged from 7.4 percent in 1985 to 8 percent in 1998 (see Table 4–3). The incidence, however, tends to be higher in Chicago, hovering around 10 percent across the decade.

Differences in the percentage of low-birth-weight infants are found across racial and ethnic groups. Nationally, rates are consistently higher for African Americans than for whites or Hispanics. This is true in Illinois as well, where the incidence

**Figure 4–1. Illinois Infant Mortality Rates, by Cause, 1985–1998**



*Sources:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis).

of low birth weight among African American infants is more than double the rates among white and Hispanic infants (see Table 4–3).

### *Prenatal Care*

Prenatal care is thought to be important for improving infant health. However, there is little evidence of its efficacy, mainly because of the difficulty in measuring the adequacy of such care or even defining what prenatal care includes. Less equivocal is the fact that prenatal care, by providing an array of medical, nutritional, and education interventions, provides an opportunity to identify mothers at risk for adverse pregnancy outcomes such as low-birth-weight infants.[5] Women who receive prenatal care early in their pregnancies may modify certain risk behaviors, such as smoking and poor nutrition that could affect the fetus, and may receive medical care for conditions that might also cause harm.

Many women, however, do not receive adequate prenatal care. In 1998, 19 percent of babies were born to women who did not receive prenatal care in the first trimester (see Table 4–4). From 1985 to 1998, Chicago differed substantially from other areas of the state. Approximately 10 to 15 percent fewer women received adequate prenatal

**Table 4–3. Percentage of Illinois Births with Low Birth Weight, by Region, Mother's Race/Ethnicity, and Mother's Age Group, 1985–1998**

| | 1985 (%) | 1986 (%) | 1987 (%) | 1988 (%) | 1989 (%) | 1990 (%) | 1991 (%) | 1992 (%) | 1993 (%) | 1994 (%) | 1995 (%) | 1996 (%) | 1997 (%) | 1998 (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Illinois, Total** | 7.4 | 7.7 | 7.7 | 7.7 | 7.8 | 7.7 | 7.9 | 7.8 | 8.1 | 8.0 | 7.9 | 8.0 | 8.6 | 8.0 |
| **Region** | | | | | | | | | | | | | | |
| Chicago | 10.2 | 10.7 | 10.6 | 10.8 | 11.2 | 10.8 | 11.1 | 10.8 | 11.3 | 11.0 | 10.7 | 10.6 | 10.4 | 10.4 |
| Suburban ring[a] | 5.7 | 6.0 | 5.9 | 5.8 | 6.0 | 6.2 | 6.2 | 6.2 | 6.5 | 6.4 | 6.4 | 6.7 | 6.8 | 6.8 |
| Balance of state | 6.7 | 6.9 | 6.9 | 7.0 | 6.8 | 6.7 | 6.8 | 6.7 | 6.9 | 7.1 | 7.2 | 7.3 | 7.3 | 7.4 |
| **Mother's Race/Ethnicity** | | | | | | | | | | | | | | |
| African American | 13.7 | 14.4 | 14.1 | 14.3 | 14.8 | 14.5 | 15.1 | 14.7 | 15.4 | 14.8 | 14.5 | 14.5 | 14.1 | 14.2 |
| Hispanic | 5.8 | 6.2 | 6.2 | 6.1 | 6.2 | 5.7 | 6.0 | 5.9 | 6.1 | 5.9 | 6.0 | 5.9 | 6.2 | 6.3 |
| White | 5.3 | 5.4 | 5.3 | 5.3 | 5.5 | 5.5 | 5.7 | 5.7 | 5.9 | 5.9 | 6.1 | 6.5 | 6.5 | 6.4 |
| Other[b] | 5.9 | 6.7 | 6.5 | 6.4 | 7.6 | 7.0 | 6.9 | 7.2 | 7.1 | 7.7 | 8.2 | 8.1 | 7.8 | 8.3 |
| **Mother's Age Group** | | | | | | | | | | | | | | |
| 10 to 14 | 15.4 | 14.3 | 15.5 | 13.5 | 14.8 | 11.0 | 12.5 | 14.1 | 11.5 | 13.8 | 14.8 | 13.8 | 14.3 | 9.7 |
| 15 to 19 | 10.1 | 10.6 | 10.3 | 10.1 | 10.2 | 10.3 | 10.0 | 10.1 | 10.1 | 9.6 | 10.0 | 9.7 | 10.3 | 10.1 |
| 20 to 34 | 6.6 | 6.9 | 6.9 | 7.1 | 7.2 | 7.1 | 7.4 | 7.3 | 7.6 | 7.5 | 7.3 | 7.5 | 7.3 | 7.5 |
| 35 + | 7.8 | 7.9 | 7.7 | 7.3 | 8.2 | 8.2 | 8.6 | 8.4 | 8.9 | 8.5 | 8.9 | 9.4 | 9.5 | 9.2 |

*Source:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1998. Chapin Hall staff analysis.

[a] Includes suburban Cook County as well as DuPage, Kane, Lake, McHenry, and Will counties.

[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

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care in Chicago. Access and use of prenatal care also varies by race. Between 1985 and 1998, African American and Hispanic women were less likely than white women to receive care beginning in the first trimester. Although rates of receipt remained fairly stable within each racial-ethnic group during that time, the percentage of white women receiving prenatal care in the first trimester remained approximately 20 points higher than rates for African American or Hispanic women.

Comparisons by age group reveal that young mothers (ages 10 to 19) in Illinois received prenatal care in the first trimester at substantially lower rates than older women (see Table 4–4). The percentage of very young mothers (10 to 14 years old) who received such care ranged from a low of 34 percent in 1986 to a high of 45.1 percent in 1997. For those 15 to 19 years old, the rates in the first trimester varied from 53.8 percent in 1985 to 64.3 percent in 1998. These figures are troubling, given that teen pregnancies are considered high risk, with their increased propensity for premature and low-birth-weight infants. Al-

**Table 4–4. Proportion of Illinois Births for Which Prenatal Care Was Initiated in the First Trimester, by Area, Mother's Race/Ethnicity, and Mother's Age Group, 1985–1998**

| | 1985 (%) | 1986 (%) | 1987 (%) | 1988 (%) | 1989 (%) | 1990 (%) | 1991 (%) | 1992 (%) | 1993 (%) | 1994 (%) | 1995 (%) | 1996 (%) | 1997 (%) | 1998 (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Illinois, Total** | 79.5 | 79.3 | 80.1 | 79.9 | 78.7 | 78.0 | 77.4 | 77.5 | 78.4 | 79.4 | 79.7 | 80.2 | 81.1 | 81.2 |
| **Region** | | | | | | | | | | | | | | |
| Chicago | 69.5 | 69.2 | 70.8 | 69.9 | 70.3 | 69.9 | 68.2 | 68.4 | 69.4 | 69.3 | 70.3 | 72.0 | 73.5 | 73.7 |
| Suburban ring[a] | 84.8 | 86.2 | 85.6 | 85.2 | 84.8 | 87.2 | 84.0 | 83.6 | 83.8 | 84.4 | 83.9 | 83.9 | 84.7 | 84.8 |
| Balance of state | 82.8 | 83.1 | 82.8 | 83.3 | 79.0 | 78.4 | 78.5 | 79.0 | 80.8 | 82.8 | 83.1 | 82.8 | 83.4 | 83.3 |
| **Mother's Race/Ethnicity** | | | | | | | | | | | | | | |
| African American | 63.7 | 63.5 | 63.7 | 62.1 | 61.1 | 61.3 | 62.5 | 62.1 | 63.5 | 63.3 | 65.1 | 67.0 | 68.2 | 68.5 |
| Hispanic | 66.1 | 67.1 | 69.3 | 68.6 | 66.8 | 66.3 | 63.0 | 64.5 | 66.5 | 68.0 | 68.2 | 69.4 | 71.1 | 71.7 |
| White | 82.3 | 82.5 | 83.4 | 83.9 | 84.7 | 84.9 | 84.7 | 85.8 | 86.9 | 87.5 | 87.6 | 87.7 | 88.6 | 88.5 |
| Other[b] | 73.1 | 75.7 | 77.0 | 76.6 | 77.4 | 76.6 | 76.0 | 78.0 | 77.8 | 79.0 | 77.4 | 80.2 | 81.7 | 83.4 |
| **Mother's Age** | | | | | | | | | | | | | | |
| 10 to 14 | 37.7 | 34.0 | 36.8 | 36.3 | 36.0 | 39.7 | 42.3 | 40.7 | 42.8 | 40.6 | 40.2 | 44.8 | 45.1 | 40.7 |
| 15 to 19 | 53.8 | 53.7 | 54.0 | 53.6 | 54.7 | 55.1 | 55.6 | 56.7 | 58.9 | 60.0 | 62.2 | 63.0 | 64.2 | 64.3 |
| 20 to 34 | 80.0 | 80.0 | 80.7 | 80.5 | 80.6 | 80.1 | 79.3 | 79.7 | 80.6 | 81.1 | 81.4 | 82.1 | 83.0 | 83.1 |
| 35 + | 82.7 | 83.3 | 84.6 | 84.8 | 85.2 | 85.2 | 85.3 | 85.5 | 86.0 | 86.5 | 86.2 | 86.1 | 87.2 | 87.2 |

*Source:* Illinois Department of Public Health, Sterilized Birth Certificate Master Files, 1985–1998. Chapin Hall staff analysis.

[a] Includes suburban Cook County as well as DuPage, Kane, Lake, McHenry, and Will counties.

[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

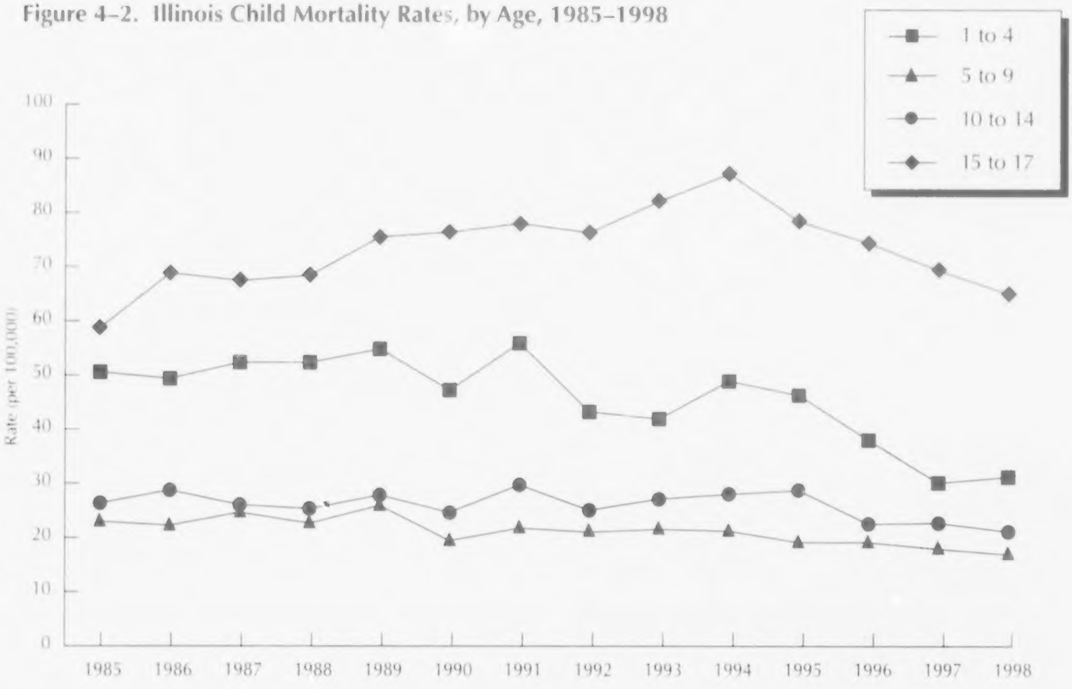
though both groups showed increased rates of prenatal care over time, they are still well below the statistics for older women (ages 20 to 35). Throughout the same period, about 80 percent of these older women were receiving prenatal care in the first trimester.

### *Child Mortality*

As with infants, the mortality rates for Illinois children ages 1 to 17 have paralleled national trends since the mid-1980s. The child mortality rate in Illinois fell from 37.4 deaths per 100,000 children in 1985 to 30 in 1998. The decline was sharpest among children ages 1 to 4 (see Figure 4–2). Their mortality rate fell from 50.6 in 1985 to 31.3 in 1998 (see Table 4–5). Moderate declines were also seen among children ages 5 to 9 and 10 to 14. Teens ages 15 to 17, by contrast, experienced a very different pattern. For this group, mortality rates rose sharply from 58.8 deaths per 100,000 children in 1985 to a high of 87.3 in 1994 before falling to 65.2 deaths per 100,000 children in 1998.

In general, African American children in Illinois had higher mortality rates than children from other racial or ethnic groups. In 1998,

**Figure 4–2. Illinois Child Mortality Rates, by Age, 1985–1998**



*Sources:* Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

**Table 4–5. Illinois Child Mortality Rates (deaths per 100,000 population in each specified group), by Race/Ethnicity and Age, 1985–1998**

| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **All Races/Ethnicities, Ages 1 to 17** | 37.4 | 39.3 | 39.7 | 39.0 | 42.4 | 37.4 | 41.9 | 37.0 | 38.6 | 41.3 | 38.8 | 34.3 | 31.3 | 30.0 |
| **All Races/Ethnicities** | | | | | | | | | | | | | | |
| 1 to 4 | 50.6 | 49.4 | 52.4 | 52.4 | 54.9 | 47.3 | 56.0 | 43.3 | 42.9 | 49.0 | 46.4 | 38.1 | 30.2 | 31.3 |
| 5 to 9 | 23.0 | 22.3 | 24.7 | 22.7 | 26.0 | 19.5 | 21.8 | 21.1 | 21.6 | 21.3 | 19.2 | 19.2 | 18.0 | 17.0 |
| 10 to 14 | 26.4 | 28.8 | 26.1 | 25.4 | 27.9 | 24.7 | 29.8 | 25.1 | 27.2 | 28.1 | 28.8 | 22.6 | 22.8 | 21.2 |
| 15 to 17 | 58.8 | 68.9 | 67.5 | 68.5 | 75.6 | 76.5 | 78.1 | 76.4 | 82.2 | 87.3 | 78.5 | 74.5 | 69.5 | 65.2 |
| **African American** | | | | | | | | | | | | | | |
| 1 to 4 | 83.3 | 82.7 | 85.6 | 90.1 | 106.2 | 95.5 | 109.6 | 90.4 | 84.2 | 90.7 | 74.2 | 66.9 | 58.4 | 69.4 |
| 5 to 9 | 36.5 | 32.4 | 38.8 | 38.2 | 48.0 | 28.8 | 38.8 | 46.2 | 35.8 | 41.9 | 30.8 | 33.7 | 34.7 | 26.9 |
| 10 to 14 | 34.4 | 43.1 | 32.3 | 37.5 | 45.4 | 39.0 | 57.0 | 53.8 | 52.8 | 57.6 | 44.5 | 37.4 | 34.7 | 34.2 |
| 15 to 17 | 68.8 | 94.7 | 93.7 | 75.7 | 121.8 | 133.4 | 139.1 | 154.6 | 166.5 | 205.5 | 156.3 | 154.9 | 117.0 | 127.1 |
| **Hispanic** | | | | | | | | | | | | | | |
| 1 to 4 | 81.9 | 67.8 | 86.2 | 60.6 | 49.3 | 54.0 | 65.5 | 39.0 | 40.1 | 48.8 | 35.9 | 33.3 | 25.2 | 22.7 |
| 5 to 9 | 30.8 | 35.8 | 25.2 | 26.1 | 19.2 | 21.8 | 19.3 | 18.8 | 19.2 | 13.6 | 17.6 | 16.8 | 16.4 | 13.9 |
| 10 to 14 | 43.2 | 50.2 | 42.5 | 35.0 | 29.0 | 20.4 | 29.8 | 25.4 | 20.2 | 31.8 | 29.9 | 19.4 | 26.0 | 15.2 |
| 15 to 17 | 105.0 | 102.7 | 100.6 | 98.5 | 89.3 | 85.6 | 68.9 | 71.4 | 85.1 | 87.2 | 83.8 | 69.8 | 86.6 | 75.7 |
| **White** | | | | | | | | | | | | | | |
| 1 to 4 | 37.8 | 38.8 | 39.7 | 42.3 | 42.3 | 33.9 | 40.7 | 31.4 | 32.7 | 37.1 | 40.8 | 31.1 | 23.1 | 23.5 |
| 5 to 9 | 18.1 | 17.4 | 21.4 | 18.1 | 21.5 | 17.1 | 18.3 | 15.6 | 18.4 | 17.3 | 16.7 | 16.1 | 13.8 | 15.1 |
| 10 to 14 | 22.7 | 22.4 | 22.9 | 21.3 | 23.3 | 21.5 | 22.5 | 18.2 | 22.3 | 20.4 | 24.3 | 19.8 | 19.5 | 18.9 |
| 15 to 17 | 57.5 | 58.3 | 59.9 | 62.0 | 63.7 | 61.6 | 65.3 | 58.3 | 60.8 | 56.7 | 58.3 | 55.7 | 56.2 | 49.0 |

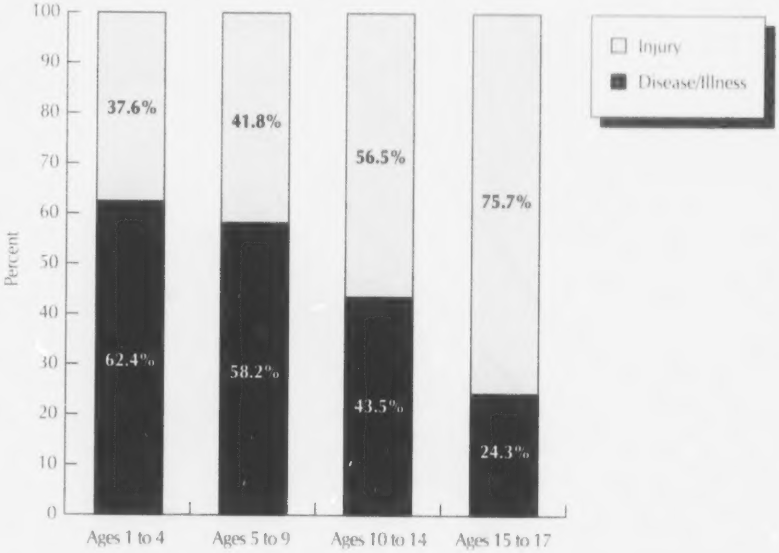
*Sources:* Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

mortality rates for African American children were approximately twice as high as those of Hispanic and white children across age groups. In the 15-to-17 age group for African Americans, the mortality rate nearly tripled in the decade after 1985, reaching 205.5 per 100,000 children in 1994 before declining to 127.1 in 1998. Although the number of deaths among Hispanic children of this age also increased over the period, it did not keep pace with the rapid population growth of this group. As a result, the mortality rate among Hispanic youth ages 15 to 17 declined. The mortality rate for white adolescents of this age essentially has hovered around sixty deaths per 100,000 since the mid-1980s.

The rising overall mortality rates among 15- to 17-year-olds in Illinois during the mid-1990s were driven by increasing rates of death due to injuries, especially those resulting from motor vehicle accidents and nonaccidental shootings. Significant proportions of deaths among children older than age 1 are caused by injuries (see Figure 4–3). In 1998, the share of deaths due to injuries ranged from 37.6 percent for children ages 1 to 4 to 75.7 percent for children ages 15 to 17. The only age group to see changes in the number of injury deaths was the 15-to-17 age group. The proportion of deaths due to injuries for this age group increased dramatically—from 70 percent in 1985 to a peak of 86 percent in 1994.

Correspondingly, when *rates* of death due to injury (or the deaths per 100,000 in the population under review) are compared with rates of death due to disease, the same pattern is found (see Table 4–6). Among the younger age groups, death rates due to both disease and injury were fairly stable, with slight declines between 1985 and 1998. Among the 15-to-17 age group, the death rate for injuries jumped from 41 per 100,000 in 1985 to 74.7 per 100,000 in 1994, declining to 51.1 per 100,000 in 1998.

**Figure 4–3. Proportion of Ilinois Child Deaths Due to Injury and Illness, by Age Group, 1998**



*Source:* Illinois Department of Public Health, Sterilized Death Master File, 1998. Chapin Hall staff analysis.

For children as a whole, motor vehicle accidents were responsible for the most injury-related deaths to Illinois teens ages 15 to 17 between 1985 and 1998. The mortality rate for this type of accident increased from 15.6 per 100,000 in 1985 to a high of 26.5 in 1994 before falling to 20 in 1998 (see Figure 4–4). However, deaths due to firearm assault rose sharply over the period (*firearm assault* refers to nonaccidental firearm deaths), and became the leading cause of death among 15-to-17-year-olds in 1991. The pattern was driven by the increasing number of firearm assaults among African American youth ages 15 to 17. In 1985, the mortality rate due to nonaccidental shootings was 19.5 per 100,000, nearly 6 times higher than the rate for their peers in other racial or ethnic groups (see Table 4–7). Over the next decade, the rate had increased by more than fivefold, to 127.7 per 100,000 African American youth in 1994, before falling back to 53.4 in 1998. Despite this downturn, African American teens in 1998 were approximately 8 times

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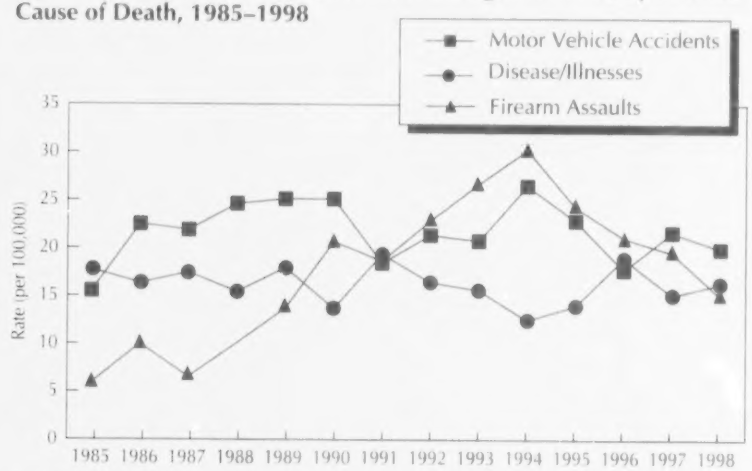
**Figure 4–4. Child Mortality Rates for Teens Ages 15 to 17, by Selected Cause of Death, 1985–1998**



*Sources:* Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983 (Chapin Hall staff analysis).

more likely to die by firearm assault than were their other racial/ethnic peers. (For more detailed information on homicide, see Chapter 6 on Children and Violence.)

## Prevalence and Prevention of Health Problems

Preventing health problems before they arise is certainly the preferable way to improve child health. Immunization, screening for lead poisoning, and moderating behaviors that may place a child at risk for future health problems are all recommended preventive health strategies. In reporting on these preventive measures and the risk behaviors of Illinois teens, we draw on several sources.

**Table 4–6. Illinois Child Mortality Rates for Illness and Injury (deaths per 100,000 population in each specified group), by Age, 1985–1998**

| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ages 1 to 4** | | | | | | | | | | | | | | |
| Disease/illness | 27.3 | 30.0 | 31.4 | 26.8 | 33.8 | 26.1 | 31.0 | 24.6 | 26.6 | 29.0 | 27.1 | 22.5 | 18.1 | 20.0 |
| Injury | 23.3 | 19.4 | 21.5 | 25.6 | 22.1 | 21.1 | 25.1 | 18.7 | 16.3 | 20.0 | 19.3 | 15.7 | 12.8 | 12.0 |
| **Ages 5 to 9** | | | | | | | | | | | | | | |
| Disease/illness | 13.0 | 11.7 | 12.3 | 10.3 | 13.5 | 9.7 | 12.1 | 12.1 | 11.9 | 10.6 | 10.6 | 10.6 | 9.8 | 10.1 |
| Injury | 12.9 | 10.6 | 12.4 | 12.4 | 12.5 | 10.4 | 9.8 | 9.1 | 9.6 | 10.7 | 8.6 | 8.6 | 8.4 | 7.2 |
| **Ages 10 to 14** | | | | | | | | | | | | | | |
| Disease/illness | 11.6 | 13.1 | 11.9 | 11.5 | 12.4 | 11.0 | 12.9 | 12.4 | 12.4 | 11.6 | 11.6 | 10.9 | 10.8 | 9.3 |
| Injury | 14.9 | 15.7 | 14.2 | 13.9 | 15.5 | 13.7 | 16.9 | 12.7 | 14.8 | 16.5 | 17.2 | 11.6 | 12.6 | 12.1 |
| **Ages 15 to 17** | | | | | | | | | | | | | | |
| Disease/illness | 17.8 | 16.4 | 17.5 | 15.5 | 18.0 | 13.8 | 19.4 | 16.5 | 15.7 | 12.6 | 14.1 | 19.0 | 15.2 | 16.4 |
| Injury | 41.0 | 52.9 | 50.0 | 53.8 | 57.5 | 62.7 | 58.8 | 59.9 | 66.6 | 74.7 | 65.2 | 55.6 | 56.6 | 51.1 |

*Sources:* Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

### *Immunization*

Ensuring the vaccination of children against dangerous childhood diseases became a national priority in April 1993 as part of the Childhood Immunization Initiative (CII). The goals of this initiative were to ensure that at least 90 percent of all 2-year-olds receive the initial and most critical doses of a vaccine and to reduce the prevalence of most preventable childhood diseases to zero. The initiative also sought a complete series of vaccinations by the year 2000 for 90 percent of all 2-year-olds and a system to sustain such high coverage. Vaccinations are currently strongly recommended for ten infectious diseases—polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, hemophilus influenzae type B, chicken pox, and hepatitis B—and 80 percent of the recommended doses should be administered by age 2.

Despite this national effort, gaps exist in immunization rates for Illinois children younger than age 5, but especially among preschool children who face increased exposure to infectious diseases in day-care settings. The Centers for Disease Control (CDC) estimates that nationally about 1 million preschool children are inadequately protected against potentially fatal, yet preventable, illnesses.

The state of Illinois mandates a set of vaccinations as well, although many of the vaccinations fall within the federal CII parameters. Data on immunizations are drawn from the national Immunization Survey, which was administered first in 1994 to monitor the progress of the CII. The survey is conducted by the CDC and provides ongoing estimates of the

**Table 4–7. Rates of Illinois Teen (ages 15 to 17) Deaths Due to Firearms and Motor Vehicle Accidents, (deaths per 100,000), 1985–1998**

|  | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Motor vehicle accidents (total)** | 15.6 | 22.5 | 21.9 | 24.6 | 25.1 | 25.1 | 18.5 | 21.4 | 20.8 | 26.5 | 22.9 | 17.8 | 21.7 | 20.0 |
| African American | 7.2 | 9.3 | 11.3 | 6.2 | 11.5 | 10.0 | 5.7 | 11.5 | 12.5 | 21.1 | 9.7 | 15.8 | 8.4 | 16.0 |
| All other | 18.7 | 25.5 | 24.4 | 28.9 | 28.2 | 28.7 | 21.5 | 23.7 | 22.7 | 27.7 | 25.9 | 18.3 | 24.7 | 20.9 |
| **Firearm assaults (total)** | 6.1 | 10.1 | 6.7 | 10.2 | 13.8 | 20.7 | 18.7 | 22.9 | 26.7 | 30.2 | 24.3 | 21.1 | 19.6 | 15.1 |
| African American | 19.5 | 38.1 | 24.7 | 31.1 | 47.2 | 73.4 | 75.9 | 93.9 | 106.0 | 127.7 | 96.0 | 80.1 | 67.9 | 53.4 |
| All other | 3.5 | 3.7 | 2.6 | 5.3 | 5.9 | 8.0 | 5.4 | 6.6 | 8.6 | 7.9 | 7.9 | 7.7 | 8.9 | 6.7 |

*Sources:* Illinois Department of Public Health, Sterilized Death Certificate Master Files, 1985–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

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vaccination coverage among children ages 19 to 35 months in both Chicago and the state of Illinois. By 1997, 76 percent of Illinois's 2-year-olds had completed the state-mandated series of immunizations—four doses of the diphtheria, tetanus, and pertussis (DTP) vaccine; three doses of the oral polio vaccine; and one dose of the measles, mumps, and rubella (MMR) vaccine. This figure is down from 1995, when 81 percent of 2-year-olds received immunizations. In Chicago, the figures are slightly lower, with 71 percent receiving the required immunizations in 1997.

Compliance with the CII vaccine protocol for preschoolers has been difficult to attain. As a result, several procedures have been instituted to increase compliance, including proposed regulations to require the proper immunization of children who use federal child care assistance. Immunization programs have also been instituted in collaboration with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and within public housing developments (through the federal Department of Housing and Urban Development) to provide on-site immunization services.

### *Lead Poisoning*

Exposure to lead is a preventable health risk for children. According to the CDC childhood lead poisoning prevention program, blood lead levels of at least 10 micrograms per deciliter (mcg/dL) can affect a child's intelligence, behavior, and development.[6] The greatest danger of lead exposure comes from paint in homes built before 1978, dust and paint chips from old paint, older painted toys or furniture, food stored in certain ceramic dishes, tap water from homes with lead pipes, and mini-blinds manufactured outside the United States before July 1996.

Since 1993, Illinois has mandated lead screening for children age 6 and younger. Children between 6 months and 7 years who live in high-risk areas must be screened for elevated lead levels before attending a licensed day-care center, school, or kindergarten. In low-risk areas, doctors first assess whether a child has been at risk for lead exposure before deciding whether to test. Children whose levels of lead equal or exceed 10 mcg/dL are considered "lead poisoned." All children found to have lead poisoning are provided follow-up care.

According to recent surveillance reports from the Illinois Department of Public Health, 245,093 children had blood lead tests performed during 1997 (see Table 4–8). Of these, nearly half lived in Chicago even though Chicago is home to roughly one-fourth of the state's children. Across the state, 19 percent of children tested were found to have blood lead levels of at least 10 mcg/dL. In Chicago, 27 percent of children tested were found to have such blood levels. Levels of lead 15 mcg/dL or greater were found in 8 percent of all Illinois children tested

**Table 4–8. Lead Poisoning of the Illinois Child Population (ages 6 and under), by Region, 1993–1997**

|  | 1993 | 1994 | 1995 | 1996 | 1997 |
|---|---|---|---|---|---|
| **Illinois, Total** |  |  |  |  |  |
| Total tested | 275,965 | 215,301 | 167,395 | 235,290 | 245,093 |
| % at or above: |  |  |  |  |  |
| 10mcg/dL | - | - | - | 20 | 19 |
| 15 mcg/dL | 8 | 8 | 8 | 8 | 8 |
| **Chicago** |  |  |  |  |  |
| Total tested | 175,731 | 130,008 | 99,097 | 111,517 | 111,217 |
| % at or above: |  |  |  |  |  |
| 10mcg/dL | - | - | - | 27 | 27 |
| 15 mcg/dL | 11 | 11 | 12 | 12 | 12 |
| **Cook County-Excluding Chicago** |  |  |  |  |  |
| Total tested | 16,088 | 12,112 | 9,546 | 25,507 | 27,292 |
| % at or above: |  |  |  |  |  |
| 10mcg/dL | - | - | - | 11 | 11 |
| 15 mcg/dL | 5 | 5 | 6 | 4 | 4 |
| **Balance of State** |  |  |  |  |  |
| Total tested | 84,146 | 73,181 | 58,752 | 98,266 | 136,584 |
| % at or above: |  |  |  |  |  |
| 10mcg/dL | - | - | - | 14 | 12 |
| 15 mcg/dL | 3 | 3 | 3 | 6 | 4 |

*Source:* Illinois Department of Public Health. *Childhood Lead Poisoning Surveillance Report,* <http://www.idph.state.il.us/health/clpsr/clps9394.htm> and <http://www.idph.state.il.us/health/clpsr/clps9596.htm>; Illinois Department of Public Health. *Childhood Lead Poisoning Surveillance Report: Highlights,* August 1998.

*Note:* Cells without percentages indicate that data were not available for that year.

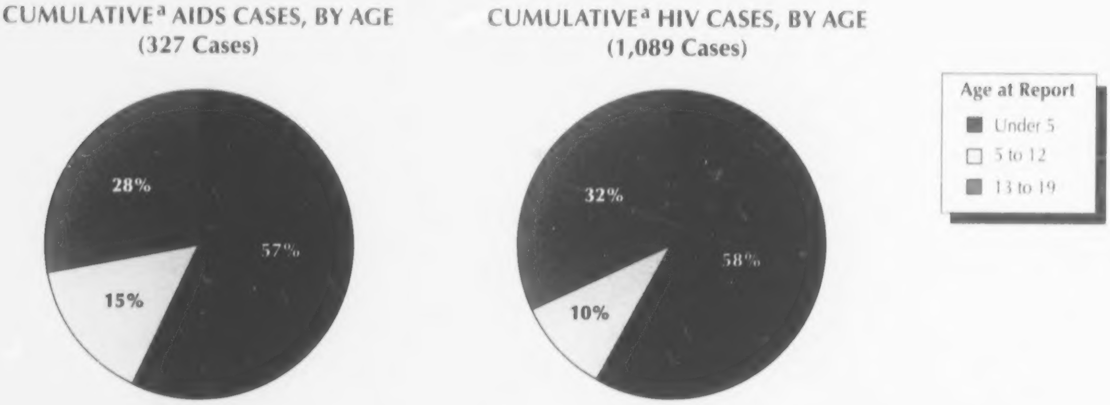
and 12 percent of children in Chicago during 1997.

African American children were more likely to have elevated blood lead levels than were other children screened. In 1997, over 40 percent of the children screened were African American while over 60 percent of those with blood lead levels of at least 10 mcg/dL were African American. If the risk of having elevated lead levels were the same among all children screened, we would expect 40 percent of children with elevated blood lead levels to be African American.[7]

### *AIDS and HIV Infection*

As of August 1998, 1,416 Illinois children (ages birth to 19 years) were recorded as having acquired immune deficiency syndrome (AIDS) or were infected with the human immunodeficiency virus (HIV). Children

Figure 4–5. AIDS and HIV Cases by Age at Report, as of August 1998



*Source:* Illinois Department of Public Health, "Illinois AIDS HIV Surveillance Report," August 1998.

[a] *Cumulative* refers to all those who have been recorded since recording began in Illinois, including those children who have died.

under age 5 accounted for over one-half of both these categories (see Figure 4–5). Of the AIDS patients, 235 were pediatric (age birth to 12 years) and 92 involved adolescents (ages 13 to 19). Roughly 60 percent of pediatric AIDS cases involved African American children, 21.7 percent involved white children, and 18.3 percent involved Hispanic children. Most (79%) children in Illinois were under age 5 at the time of diagnosis.[8] In December 1997, most (89%) Illinois pediatric AIDS cases were in Chicago.[9]

For HIV infection, the number of cases was, not surprisingly, higher, and younger children also dominated the caseload. As of August 31, 1998, there were 1,089 reported cases of HIV infection for children younger than age 19 and of these cases, 58 percent involved children under the age of 5.[10]

Much attention has been focused on efforts to prevent perinatal transmission of HIV. According to a 1997 CDC report, perinatal HIV transmission accounts for nearly all new HIV infections in children.[11] Nationally, the incidence of perinatally-acquired HIV has fallen in recent years, owing substantially to increased prenatal HIV testing and success in using the drug AZT perinatally. The transmission of HIV is greatly inhibited when the mother-to-be is treated with AZT.[12]

As in the nation, the majority (89.4%) of Illinois pediatric AIDS cases stem from perinatal exposure by an HIV-infected mother. White children were somewhat more likely to have acquired AIDS from the blood transfusions for the treatment of hemophilia (13.7%) than were African American (3.6%) and Hispanic (7%) children.[13]

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### *Risk Behaviors*

Lifestyle choices play an important role in health and prevention, especially among youth, whose early habits and lifestyle may set patterns for adult behavior. Behaviors among youth that carry certain risks include early sexual intercourse, cigarette smoking, drinking, drug use, poor diet, and lack of exercise. One of the best sources of information on the levels of risk behavior at the national, state, and local levels is a biennial survey conducted by the CDC. The Youth Risk Behavior Survey captures the degree to which high school students participate in a variety of risk behaviors. In 1993 and 1995, data on the majority of the survey questions were available for both the state of Illinois, which includes Chicago, and the city of Chicago alone. In 1997 and 1999, only Chicago high schools participated in the survey.

*Sexual intercourse*

Sexual intercourse can place adolescents at risk for unwanted pregnancies, HIV/AIDS, and sexually transmitted diseases. In 1995, 48.4 percent of Illinois high school students, and 55.8 percent of Chicago students, reported having sexual intercourse at least once in their life (see Table 4–9). A smaller proportion (9.4% in the state as a whole and 16.2% in Chicago) indicated that they had sex before the age of 13. In Chicago, this percentage dropped substantially in 1997, but rose to 18.3 percent in 1999. Just over one-third (34% in

**Table 4–9. Sexual Behavior Among High School Students (in percentages), 1991, 1993, 1995, 1997, and 1999**

| | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) |
|---|---|---|---|---|---|
| **Ever Had Sexual Intercourse** | | | | | |
| Chicago | 64.3 | 62.1 | 55.8 | 53.9 | 57.6 |
| Illinois | - | 54.7 | 48.4 | - | - |
| National Survey | 54.1 | 53.0 | 53.1 | 48.4 | 49.9 |
| **Before Age 13** | | | | | |
| Chicago | 24.2 | 17.2 | 16.2 | 12.8 | 18.3 |
| Illinois | - | 10.7 | 9.4 | - | - |
| National Survey | 10.2 | 9.2 | 8.9 | 7.2 | 8.3 |
| **With 4 or More People During Lifetime** | | | | | |
| Chicago | 29.8 | 26.7 | 20.5 | 19.9 | 25.1 |
| Illinois | - | 19.3 | 16.3 | - | - |
| National Survey | 18.7 | 18.7 | 17.8 | 16 | 16.2 |
| **During Last 3 Months** | | | | | |
| Chicago | 44.9 | 45.7 | 39.2 | 37.7 | 42.0 |
| Illinois. | - | 40.0 | 34.0 | - | - |
| National Survey | 37.5 | 37.5 | 37.9 | 23.4 | 36.3 |
| **During Last 3 Months and Used Condom** | | | | | |
| Chicago | 50.3 | 63.9 | 69.1 | 67.0 | 69.7 |
| Illinois | - | 57.8 | 60.1 | - | - |
| National Survey | 46.2 | 52.8 | 54.4 | 56.8 | 58.0 |
| **During Last 3 Months and Used Birth Control Pills** | | | | | |
| Chicago | 17.6 | 11.8 | 7.8 | 8.7 | 5.4 |
| Illinois | - | 16.7 | 15.6 | - | - |
| National Survey | 20.8 | 18.4 | 17.4 | 16.6 | 16.2 |

*Sources:* Centers for Disease Control and Prevention. Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports.* "1990–1991 Youth Risk Behavior Surveillance System." Atlanta: Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* March 24, 1995. *Morbidity and Mortality Weekly Report,* 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* September 27, 1996. *Morbidity and Mortality Weekly Report,* 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* August 14, 1998. *Morbidity and Mortality Weekly Report,* 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* June 9, 2000. *Morbidity and Mortality Weekly Report,* 2000, vol. 49 (no. SS-5); Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-ROM).

*Note:* Cells without percentages indicate that data were not available for that year.

Illinois and 39.2% in Chicago) reported having had sex during the past 3 months. Again, the trend in the city of Chicago fluctuated after 1995, eventually rising to an estimated 42 percent of teens reporting having had sex within the past 3 months. Of those who did, 60.1 percent of Illinois students and 69.1 percent of Chicago students had used a condom. In Chicago, this figure represents a significant increase since 1991, when only 50.3 percent of students reported using a condom during their last sexual encounter. The Chicago rate is also noticeably higher than the national average in 1995, 1997, and 1999. Birth control pills were used by 15.6 percent of Illinois students and 7.8 percent of Chicago students in 1995 during their last sexual encounter. In Chicago, there was a slight rise in 1997, followed by a decline to 5.4 percent in 1999.

*Cigarettes, drugs, and alcohol*

Beyond the detrimental effects of cigarette, alcohol, and drug use on teens' health, their use can also have consequences that extend into adulthood. As in the United States generally, experimentation with and use of cigarettes is widespread among high school students in Illinois. In Chicago and throughout the state, approximately two-thirds of high school students surveyed in 1995 reported having smoked cigarettes at least once (see Table 4–10). In Chicago, the percentage of students who reported having smoked a cigarette at least once rose in 1997 to 70.5 percent. In 1999, the percentage remained nearly the same (69.1%). In 1995, far fewer students (35.7% in Illinois overall and 23.1% in Chicago) reported "current" smoking—smoking within the past 30 days. The trend, however, according to U.S and Chicago data available from 1991 to 1999, shows an increase in the percentage of high school students who reported recent smoking. For the U.S. as a whole, the trend peaked in 1997 at 36.4 percent. In Chicago, the highest level of current teen smoking—nearly 40 percent of all high school students—was reported in 1999. Fewer high school students reported smoking frequently (on 20 or more of the past 30 days) in 1995. Approximately 17.2 percent of students in Illinois overall and 6.8 percent in Chicago smoked frequently.

Cigarette use did not appear to vary by gender in either Illinois or Chicago in 1995. In short, more than one-third of Illinois students smoked, and half of those smoked frequently.

Use of alcohol by Illinois high school students also reflects national trends. The overwhelming majority of Illinois high school students—nearly 80 percent in both 1993 and 1995—reported having drunk alcohol at least once in their lives (see Table 4–11). Current alcohol use appears to be widespread. Nearly one-half (47.5%) of Illinois students surveyed in 1995 reported having drunk alcohol at least once in the past 30 days, and 29.7 percent reported having had five or more drinks on at least

**Table 4–10. Tobacco Use Among High School Students (in percentages), 1991, 1993, 1995, 1997 and 1999**

|  |  |  |  |  |  | Males | Females |
|---|---|---|---|---|---|---|---|
|  | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) | 1995 (%) | 1995 (%) |
| **Had Ever Used Cigarettes** |  |  |  |  |  |  |  |
| Chicago | 72.4 | 64.7 | 65.3 | 70.5 | 69.1 | 64.5 | 66.0 |
| Illinois | - | 67.9 | 70.4 | - | - | 70.5 | 70.4 |
| U.S. | 70.1 | 69.5 | 71.3 | 70.2 | 70.4 | 72.1 | 70.4 |
| **Used Cigarettes Within the last 30 Days** |  |  |  |  |  |  |  |
| Chicago | 16.3 | 19.4 | 23.1 | 26.8 | 39.9 | 23.8 | 22.4 |
| Illinois | - | 29.1 | 35.7 | - | - | 35.8 | 35.6 |
| U.S. | 27.5 | 29.8 | 34.8 | 30.4 | 34.8 | 35.4 | 34.3 |
| **Used Cigarettes Frequently** |  |  |  |  |  |  |  |
| Chicago | - | 5.7 | 6.8 | 7.6 | 9.3 | 7.0 | 6.5 |
| Illinois | - | 13.7 | 17.2 | - | - | 18.8 | 15.6 |
| U.S. | - | 14.0 | 16.1 | 16.7 | 16.8 | 16.3 | 15.9 |

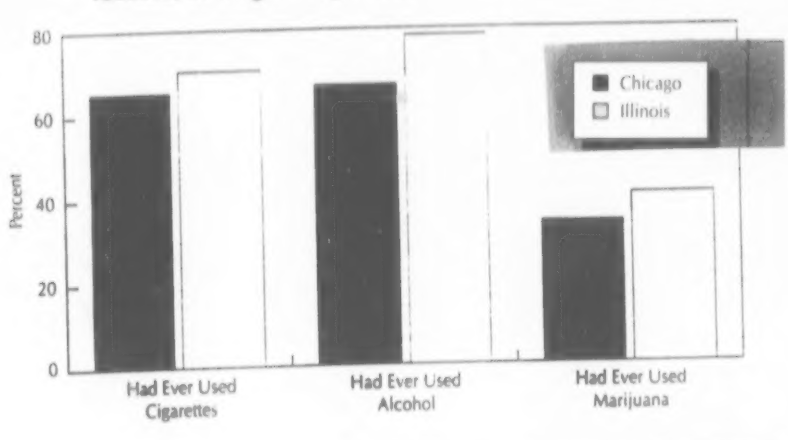
*Sources:* Centers for Disease Control and Prevention. Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports*. "1990–1991 Youth Risk Behavior Surveillance System." Atlanta; Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, March 24, 1995. *Morbidity and Mortality Weekly Report*, 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, September 27, 1996. *Morbidity and Mortality Weekly Report*, 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, August 14, 1998. *Morbidity and Mortality Weekly Report*, 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, June 9, 2000. *Morbidity and Mortality Weekly Report*, 2000, vol. 49 (no. SS-5); Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-RCM).

*Note:* Cells without percentages indicate that data were not available for that year.

one occasion in the past 30 days. Data in 1997 and 1999 for the U.S. and Chicago revealed similar levels of alcohol use. In 1995, 38 percent of Illinois students reported having ridden at least once in the past month with a driver who had been drinking, and 13.8 percent reported having driven after drinking in the past month. Since 1995, students in Chicago have reported slightly higher levels of drinking and driving, and slightly lower levels of riding with drivers who have been drinking. In 1995, there were no statistically significant differences between males and females with the exception of driving after drinking, where a larger proportion of males than of females reported having done so.

The data on illegal drug use are equally troubling. Marijuana use, in particular, has been rising. In 1993, 27.9 percent of Illinois high school

**Proportion of High School Students Using Alcohol, Tobacco, or Illegal Drugs, 1995**



students surveyed reported having tried marijuana at least once, and 14.4 percent reported having smoked marijuana in the past 30 days (see Table 4–12). By 1995, these figures had risen to 40.2 percent and 24.8 percent, respectively, closely paralleling national trends. Data for Chicago and the nation as a whole also indicate this trend dates back to at least 1991 and continues through 1999. The percentage of high school students who had used marijuana increased from 26.7 in 1991 to 46.1 in 1999 in Chicago. In addition, although Illinois survey participants in 1995 reported little use of cocaine (6.7%) or crack (4%), they reported much higher use of other illicit drugs (15.9%), including LSD, ecstasy, speed, and heroin. In Chicago, the reported use of cocaine dropped slightly in 1997 and remained constant in 1999. Use of crack rose in 1999 among students in Chicago and the U.S. as a whole. Comparable data for Chicago and the U.S. in the category of other illicit drugs was only available in 1997 and showed little change in the trend. In 1995, 20.3 percent of Illinois high school students surveyed reported having sniffed glue or the contents of an aerosol can to get high at least once in their lives. From 1995 to 1999, this percentage had decreased in both Chicago and across the U.S. As with alcohol, 1995 data showed that Chicago students were less likely than students elsewhere in the state to report using drugs.

*Nutrition and physical activity*

Life-long habits of eating well and regular exercise begin in childhood, and therefore, promoting such habits among children is a priority health goal for the nation. Both are considered critical paths to preventing current and future health problems. According to the CDC, healthy eating can prevent a number of immediate health problems while simultaneously promoting optimal growth and intellectual development.

The importance of physical activity has also been recognized by the Illinois State Board of Education, which included goals for physical development and health in its "Illinois Learning Standards."[14] The CDC Youth Risk Behavior Survey is again an important source of information on diet and exercise among

### Table 4–11. Alcohol Use Among High School Students (in percentages), 1991, 1993, 1995, 1997, and 1999

| | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) | 1995 (%) | |
|---|---|---|---|---|---|---|---|
| | | | | | | Males | Females |
| **Had Ever Used Alcohol** | | | | | | | |
| Chicago | 75.3 | 70.0 | 66.7 | 71.2 | 71.8 | 63.8 | 69.2 |
| Illinois | - | 78.0 | 78.2 | - | - | 76.9 | 79.4 |
| U.S. | 81.6 | 80.9 | 80.4 | 79.1 | 81 | 81.1 | 79.5 |
| **Used Alcohol Within the Last 30 Days** | | | | | | | |
| Chicago | 42.1 | 39.2 | 37.4 | 36.9 | 39.4 | 38.3 | 36.5 |
| Illinois | - | 47.2 | 47.5 | - | - | 48.3 | 46.8 |
| U.S. | 50.8 | 48.0 | 51.6 | 50.8 | 50.0 | 53.2 | 49.9 |
| **5+ Drinks on One Occasion** | | | | | | | |
| Chicago | 18.9 | 18.1 | 17.8 | 19.9 | 19.3 | 20.1 | 15.6 |
| Illinois | - | 28.2 | 29.7 | - | - | 32.5 | 26.8 |
| U.S. | 31.3 | 30.0 | 32.6 | 33.4 | 31.5 | 36.2 | 28.6 |
| **Drove in Past Month After Drinking** | | | | | | | |
| Chicago | 8.5 | 5.9 | 7.3 | 7.5 | 9.5 | 10.3 | 4.5 |
| Illinois | - | 14.1 | 13.8 | - | - | 18.0 | 9.6 |
| U.S. | | - | 15.4 | 16.9 | 13.1 | 18.5 | 11.9 |
| **Rode With Driver in Past Month Who Had Been Drinking** | | | | | | | |
| Chicago | 37.4 | 35.7 | 35.2 | 34.1 | 33.1 | 37.8 | 32.9 |
| Illinois | - | 38.5 | 38.0 | - | - | 37.9 | 38.1 |
| U.S. | - | 36.3 | 38.8 | 36.6 | 33.1 | 39.5 | 37.8 |

*Sources:* Centers for Disease Control and Prevention. Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports,* "1990–1991 Youth Risk Behavior Surveillance System. Atlanta: Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* March 24, 1995. *Morbidity and Mortality Weekly Report,* 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* September 27, 1996. *Morbidity and Mortality Weekly Report,* 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* August 14, 1998. *Morbidity and Mortality Weekly Report,* 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* June 9, 2000. *Morbidity and Mortality Weekly Report,* 2000, vol. 49 (no. SS-5). Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-ROM).

*Note:* Cells without percentages indicate that data were not available for that year.

## Table 4–12. Drug Use Among High School Students (in percentages), 1991, 1993, 1995, 1997, and 1999

|  | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) | 1995 (%) |  |
|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  | Males | Females |
| **Had Ever Used Marijuana** |  |  |  |  |  |  |  |
| Chicago | 26.7 | 26.6 | 33.7 | 44.7 | 46.1 | 37.8 | 30.1 |
| Illinois | - | 27.9 | 40.2 | - | - | 44.4 | 36.2 |
| U.S. | 31.3 | 32.8 | 42.4 | 47.1 | 47.2 | 45.2 | 39.4 |
| **Used Marijuana Within the Last 30 Days** |  |  |  |  |  |  |  |
| Chicago | 11.8 | 14.3 | 18.9 | 23.6 | 27.3 | 23.0 | 15.3 |
| Illinois | - | 14.4 | 24.8 | - | - | 28.4 | 21.2 |
| U.S. | 14.7 | 17.7 | 25.3 | 26.2 | 26.7 | 28.4 | 22.0 |
| **Had Ever Used Cocaine** |  |  |  |  |  |  |  |
| Chicago | 4.3 | 4.0 | 5.8 | 5.1 | 5.1 | 8.2 | 3.6 |
| Illinois | - | 4.7 | 6.7 | - | - | 7.9 | 5.6 |
| U.S. | 5.9 | 4.9 | 7.0 | 8.2 | 9.5 | 8.8 | 5.0 |
| **Had Ever Used Crack/Freebase** |  |  |  |  |  |  |  |
| Chicago | 2.3 | 2.3 | 3.0 | 3.0 | 5.1 | 4.3 | 1.8 |
| Illinois | - | 3.2 | 4.0 | - | - | 4.4 | 3.6 |
| U.S. | 3.2 | 2.6 | 4.5 | 4.7 | 9.5 | 5.6 | 3.4 |
| **Had Ever Used Other Illegal Drugs** |  |  |  |  |  |  |  |
| Chicago | 5.7 | 7.3 | 7.9 | 7.0 | - | 10.9 | 5.0 |
| Illinois | - | 13.8 | 15.9 | - | - | 19.1 | 12.8 |
| U.S. | 15.6 | 16.3 | 16.0 | 17.0 | - | 17.8 | 14.1 |
| **Had Ever Sniffed or Inhaled Glue, Paint, etc., to Get High** |  |  |  |  |  |  |  |
| Chicago | - | - | 14.5 | 13.0 | 8.5 | 14.6 | 14.3 |
| Illinois | - | - | 20.3 | - | - | 22.2 | 18.4 |
| U.S. | - | - | 20.3 | 16.0 | 14.6 | 22.1 | 18.4 |

*Sources:* Centers for Disease Control and Prevention. Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports,* "1990–1991 Youth Risk Behavior Surveillance System." Atlanta: Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* March 24, 1995. *Morbidity and Mortality Weekly Report,* 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* September 27, 1996. *Morbidity and Mortality Weekly Report,* 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* August 14, 1998. *Morbidity and Mortality Weekly Report,* 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* June 9, 2000. *Morbidity and Mortality Weekly Report,* 2000, vol. 49 (no. SS-5); Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-ROM).

*Note:* Cells without percentages indicate that data were not available for that year.

the country's high school youth. The survey includes a variety of questions regarding the consumption of different foods on the day before the survey as well as regular physical activity and participation in school physical education classes. In 1995, just over one-fourth of Illinois high school students surveyed by the CDC had eaten the recommended daily serving of fruits and vegetables (five or more) the prior day (see Table 4–13). Over one-half (56.7%) had eaten two or fewer foods that were high in fat.

Illinois high school students in 1995 were significantly more likely than students from the nation as a whole (79.6% vs. 59.6%) to attend a physical education class one or more days in an average school week in 1995. Approximately 90 percent of Chicago students had done so between 1991 and 1997, and in 1999, the percentage had declined to approximately 82 percent. Chicago students, and particularly female students, were significantly more likely than those across Illinois to participate in physical education classes.

In 1995, Illinois students were more likely than Chicago students to have played on one or more school sports teams in the prior year (see Table 4–13): just over one-half of Illinois students, compared with 39.6 percent of Chicago students, had played on a school-sponsored team. This difference was driven primarily by low participation rates among female students in Chicago. In 1995, only 32.6 percent of Chicago females had played on a sports team during the last year compared with 44.3 percent of female students across Illinois. In 1999, however, the participation of Chicago students in school sports increased to 50 percent. The increase was especially large for males, but female students also registered increased participation rates. There were no significant differences by gender or by region in the rates of participation on sports teams run by organizations outside of the school.

Attending physical education classes or belonging to a sports team tells very little about the degree of physical activity. In fact, between 1993 and 1995, the number of students who reported at least 20 minutes of vigorous exercise (exercise of enough intensity to cause perspiration) three or more days a week dropped significantly across both Illinois and Chicago, even as participation in sports overall remained steady (see Table 4–13). Across the state, the percentage declined 7 points, and in Chicago, it declined nearly 12 points before returning to the 1991 level by 1999. In 1995, two-thirds of the Illinois students surveyed—down from almost three-quarters in 1993—had exercised vigorously in an average week. The decline was especially evident for girls. The data available for Chicago show a change after 1995. In 1997, male and female students reported increased levels of vigorous exercise. This trend continued in 1999 when 57.1 percent of Chicago students

## Table 4–13. Diet and Physical Education Among High School Students (in percentages), 1991, 1993, 1995, 1997, and 1999

| | Total | | | | | Females | | | | | Males | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) | 1991 (%) | 1993 (%) | 1995 (%) | 1997 (%) | 1999 (%) |
| **Ate Five or More Fruits and Vegetables** | | | | | | | | | | | | | | | |
| Chicago | 9.0 | 12.3 | 28.4 | 30.5 | 27.9 | 7.0 | 10.8 | 24.8 | 28.0 | 25.3 | 10.0 | 14.1 | 32.4 | 33.2 | 30.1 |
| Illinois | - | 12.1 | 27.9 | - | - | - | 9.7 | 24.1 | - | - | - | 14.5 | 31.9 | - | - |
| U.S. | 13.[illegible] | 15.4 | 27.7 | 29.3 | 23.9 | 10.0 | 13.0 | 22.7 | 25.7 | 23.4 | 15.0 | 47.6 | 32.6 | 32.1 | 24.4 |
| **No More Than Two Foods High in Fat** | | | | | | | | | | | | | | | |
| Chicago | 58.0 | 56.9 | 52.6 | 48.6 | - | 63.0 | 60.3 | 56.8 | 52.3 | - | 53.0 | 52.9 | 47.8 | 44.0 | - |
| Illinois | - | 60.6 | 56.7 | - | - | - | 68.9 | 65.6 | - | - | - | 52.3 | 47.5 | - | - |
| U.S. | 65.0 | 66.2 | 60.5 | 62.3 | - | 73.0 | 75.6 | 71.6 | 70.6 | - | 57.0 | 57.6 | 50.3 | 55.5 | - |
| **Enrolled in PE** | | | | | | | | | | | | | | | |
| Chicago | 88.0 | 92.6 | 89.8 | 90.2 | 81.6 | 89.0 | 94.3 | 91.4 | 90.9 | 79.3 | 87.0 | 91.4 | 88.1 | 89.6 | 84.4 |
| Illinois | - | 76.0 | 79.6 | - | - | - | 74.4 | 79.0 | - | - | - | 77.7 | 80.1 | - | - |
| U.S. | 49.0 | 52.1 | 59.6 | 48.8 | 56.1 | 45.0 | 48.8 | 56.8 | 44.9 | 51.5 | 53.0 | 55.2 | 62.2 | 52.0 | 60.7 |
| **Vigorous Exercise 20 Minutes on 3+ Days in Past Week** | | | | | | | | | | | | | | | |
| Chicago | 58.7 | 61.4 | 49.8 | 56.7 | 57.1 | 54.8 | 56.3 | 41.8 | 49.6 | 48.7 | 63.1 | 67.2 | 58.7 | 65.4 | 66.1 |
| Illinois | - | 73.3 | 66.4 | - | - | - | 67.0 | 55.1 | - | - | - | 79.6 | 77.8 | - | - |
| U.S. | 66.3 | 65.8 | 63.7 | 63.8 | 64.7 | 55.5 | 56.2 | 52.1 | 53.5 | 57.1 | 76.7 | 74.7 | 74.4 | 72.3 | 72.3 |
| **On School Sports Team in Past Year** | | | | | | | | | | | | | | | |
| Chicago | 37.6 | 38.7 | 39.6 | 41.0 | 50.0 | 32.7 | 33.0 | 32.6 | 33.2 | 39.7 | 42.4 | 45.3 | 47.5 | 50.7 | 60.5 |
| Illinois | - | 49.6 | 50.5 | - | - | - | 43.9 | 44.3 | - | - | - | 55.4 | 56.6 | - | - |
| U.S. | 43.5 | 49.4 | 50.3 | 49.5 | 55.1 | 35.0 | 42.5 | 42.4 | 42.3 | 48.5 | 51.7 | 56.0 | 57.8 | 55.5 | 61.7 |
| **On Nonschool Sports Team in Past Year** | | | | | | | | | | | | | | | |
| Chicago | 36.8 | 37.4 | 37.4 | 38.7 | - | 27.5 | 27.4 | 26.3 | 28.0 | | 46.5 | 48.3 | 49.7 | 52.1 | - |
| Illinois | - | 38.3 | 38.4 | - | - | - | 30.1 | 29.1 | - | - | - | 46.7 | 47.7 | - | - |
| U.S. | 34.1 | 37.1 | 36.9 | 38.3 | - | - | - | - | 29.8 | - | - | - | | 45.4 | - |

*Sources:* Centers for Disease Control and Prevention, Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports*, "1990–1991 Youth Risk Behavior Surveillance System," Atlanta; Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, March 24, 1995. *Morbidity and Mortality Weekly Report*, 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, September 27, 1996. *Morbidity and Mortality Weekly Report*, 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, August 14, 1998. *Morbidity and Mortality Weekly Report*, 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, June 9, 2000. *Morbidity and Mortality Weekly Report*, 2000, vol. 49 (no. SS-5); Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-ROM).

*Note:* Cells without percentages indicate that data were not available for that year.

## Table 4–14. Weight and Weight Loss Among High School Students (in percentages), 1991, 1993, 1995, 1997, and 1999

| | 1991 (%) | | | 1993 (%) | | | 1995 (%) | | | 1997 (%) | | | 1999 (%) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Females | Males | Total | Females | Males | Total | Females | Males | Total | Females | Males | Total | Females | Males | Total |
| **Thought they were overweight** | | | | | | | | | | | | | | | |
| Chicago | - | - | 26.0 | - | - | 28.5 | 28.8 | 19.6 | 24.4 | 28.8 | 18.4 | 24.1 | 28.9 | 21.3 | 25.3 |
| Illinois | - | - | - | - | - | 33.4 | 35.6 | 19.7 | 27.7 | - | - | - | - | - | - |
| National Survey | - | - | 31.8 | - | - | 34.3 | 33.6 | 22.1 | 27.6 | 33.5 | 22.2 | 27.3 | 36.4 | 23.7 | 30.0 |
| **Trying to lose weight** | | | | | | | | | | | | | | | |
| Chicago | - | - | 35.3 | - | - | 37.2 | 46.2 | 28.7 | 37.9 | 47.9 | 30.5 | 40.1 | 46.9 | 27.7 | 37.8 |
| Illinois | - | - | - | - | - | 42.5 | 57.7 | 24.0 | 40.9 | - | - | - | - | - | - |
| National Survey | - | - | 41.8 | - | - | 40.3 | 59.8 | 24.3 | 41.4 | 59.7 | 23.1 | 39.7 | 59.4 | 26.1 | 42.7 |
| **Vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days** | | | | | | | | | | | | | | | |
| Chicago | - | - | - | - | - | - | 6.1 | 6.7 | 6.4 | 6.3 | 6.5 | 6.4 | 5.1 | 3.8 | 4.5 |
| Illinois | - | - | - | - | - | - | 7.7 | 2.8 | 5.3 | - | - | - | - | - | - |
| National Survey | - | - | - | - | - | - | 7.5 | 2.2 | 4.8 | 7.5 | 2.1 | 4.5 | 7.5 | 2.2 | 4.8 |
| **Took diet pills to lose or to keep from gaining weight during the past 30 days** | | | | | | | | | | | | | | | |
| Chicago | - | - | - | - | - | - | 4.5 | 6.3 | 5.3 | 4.6 | 6.5 | 5.5 | 5.6 | 5.3 | 5.5 |
| Illinois | - | - | - | - | - | - | 7.4 | 2.5 | 5.0 | - | - | - | - | - | - |
| National Survey | - | - | - | - | - | - | 8.7 | 1.9 | 5.1 | 8.0 | 2.4 | 4.9 | 10.9 | 4.4 | 7.6 |

*Sources:* Centers for Disease Control and Prevention, Chronic Disease and Health Promotion Reprints from the Morbidity and Mortality Weekly Reports, "1990-1991 Youth Risk Behavior Surveillance System"; Atlanta; Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* March 24, 1995. *Morbidity and Mortality Weekly Report,* 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* September 27, 1996. *Morbidity and Mortality Weekly Report,* 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* August 14, 1998. *Morbidity and Mortality Weekly Report,* 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries,* June 9, 2000. *Morbidity and Mortality Weekly Report,* 2000, vol. 49 (no. SS-5); Centers for Disease Control and Prevention. 1995 Youth Risk Behavior Survey (CD-ROM).

*Note:* Cells without percentages indicate that data were not available for that year.

reported vigorous exercise on three or more days during the past week.

In 1995, approximately one-quarter of Illinois students described themselves as slightly or very overweight (see Table 4–14). Students, especially female students, across Illinois were significantly more likely to describe themselves as overweight than students in Chicago, and roughly 40 percent of Illinois students were trying to lose weight. The data on Chicago students in 1997 and 1999 show that the percentages remained fairly constant over time. Although exercise and diet were the most commonly reported methods of weight loss, some students used weight loss methods that could lead to eating disorders and other health problems. More than 5 percent of Illinois students and 6 percent of Chicago students in 1995 reported that they had vomited or taken laxatives to lose weight or to keep from gaining weight during the past month. Female students in Illinois were significantly more likely to report such methods, although there were no significant differences between males and females in Chicago. In 1999, there was a slight decline in the reported rate of this behavior among Chicago students, especially males. Similar trends and prevalence rates of diet pill use were reported in 1995 and again in 1997 and 1999 among students in Chicago.

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## Chapter 5

# EDUCATION

In 1983, the U.S. Department of Education issued a report, *A Nation at Risk*, which noted that public education was and is routinely faced not only with providing a sound education but with addressing the social ills besetting many public school children and balancing often-competing political and social agendas. The report, which found the nation's public education system to be deficient, sparked education reform efforts nationwide.

Much of the recent attention to the problems and challenges of schools has focused on problems public schools are facing in the nation's major cities. To respond to the challenges confronting its own public schools, Illinois initiated its first stage of reform with the Chicago School Reform Act (P.A. 85-1418) of December 1988. Believing the central administration too unwieldy to respond to local problems, state reformers shifted decision-making power to Local School Councils. Illinois was the first state in the country to attempt this level of democracy in the public schools, and its efforts have been called the most dramatic structural reform of any urban school system in a century.[1] The Local School Councils, consisting of parents, teachers, community residents, and a school principal, have become the schools' key policy-making bodies, reviewing and approving the principal, expenditures, staff allocation, textbooks, attendance and discipline policies, and elements of the curriculum. More recently, with Chicago's schools still performing poorly, Mayor Richard M. Daley took drastic measures in 1995, transferring control of city public schools to mayoral appointees and instituting higher standards and accountability.

In this chapter, we explore the changing indicators of educational quality in Illinois's public schools. We focus on the period from 1994 to 1998, when Chicago school reform was well underway. After offering an overview of enrollment in the public schools, we explore important educational outcomes in

*This chapter was prepared by Bong Joo Lee, Tamara Perry, and Barbara Ray.*

**Table 5–1. Number and Percent of Students Enrolled in Illinois Public Schools (pre-kindergarten–12th grade) by Region and Race/Ethnicity, 1994–1998**

| Region | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|
| **Illinois, Total** | 1,853,772 | 1,880,128 | 1,906,347 | 1,931,871 | 1,951,998 |
| White | 65.2 | 64.6 | 64.0 | 63.3 | 62.6 |
| African American | 20.7 | 20.6 | 20.6 | 20.6 | 20.8 |
| Hispanic | 11.0 | 11.6 | 12.2 | 12.8 | 13.3 |
| Asian | 2.9 | 3.0 | 3.1 | 3.1 | 3.2 |
| Native American | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| **Chicago** | 399,384 | 402,136 | 407,301 | 414,396 | 421,815 |
| White | 11.5 | 11.3 | 10.8 | 10.5 | 10.3 |
| African American | 55.6 | 54.7 | 54.3 | 53.8 | 53.5 |
| Hispanic | 29.6 | 30.6 | 31.4 | 32.3 | 32.8 |
| Asian | 3.1 | 3.2 | 3.2 | 3.2 | 3.2 |
| Native American | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 |
| **Suburban Cook County** | 333,121 | 340,790 | 346,036 | 351,662 | 355,364 |
| White | 66.2 | 64.7 | 63.4 | 62.3 | 61.2 |
| African American | 17.8 | 18.3 | 18.7 | 19.0 | 19.4 |
| Hispanic | 10.5 | 11.3 | 12.1 | 12.9 | 13.5 |
| Asian | 5.4 | 5.6 | 5.7 | 5.7 | 5.8 |
| Native American | 0.2 | 0.2 | 0.1 | 0.1 | 0.2 |
| **Collar Counties**[a] | 409,426 | 422,390 | 436,102 | 448,716 | 461,170 |
| White | 79.0 | 78.2 | 77.5 | 76.7 | 76.0 |
| African American | 7.1 | 7.2 | 7.2 | 7.3 | 7.3 |
| Hispanic | 9.4 | 10.1 | 10.7 | 11.3 | 11.9 |
| Asian | 4.3 | 4.4 | 4.5 | 4.5 | 4.6 |
| Native American | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 |
| **Balance of State** | 711,841 | 714,812 | 716,908 | 717,097 | 713,649 |
| White | 86.9 | 86.7 | 86.3 | 85.9 | 85.5 |
| African American | 10.2 | 10.4 | 10.5 | 10.7 | 10.9 |
| Hispanic | 1.9 | 2.0 | 2.2 | 2.4 | 2.6 |
| Asian | 0.9 | 0.9 | 0.9 | 0.9 | 0.9 |
| Native American | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Note:* Column totals reflect fall enrollment totals reported by the Illinois State Board of Education's School Report Card data. Percentages may not add to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

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attendance, graduation rates, and academic achievement. We then look to factors that may affect those outcomes, including student characteristics (for example, economic status, family mobility, and English proficiency), and systemic factors (for example, spending per pupil and teacher-to-student ratios). We concentrate on public schools because the state has a statutory responsibility to educate children. Public schools educate the majority of school-age youth in Illinois; in 1998, approximately 84 percent of all Illinois elementary students were in public schools. Moreover, there is less available data on private schools in Illinois.

## Enrollment

Enrollment across the state has been climbing steadily since 1994, the first year covered in this chapter. In the 1993–94 school year, Illinois enrolled 1.85 million students in public pre-kindergarten through 12th grades (see Table 5–1).[2] By the 1997–98 school year, total enrollment had risen to 1.95 million students—approximately a 5 percent increase in 4 years. Nearly two-thirds of the state's school-age children attend schools in Chicago and its suburbs (those in both Cook County and the collar counties—DuPage, Kane, Lake, McHenry, and Will).

The racial-ethnic composition of student enrollment in public schools is quite diverse. White students accounted for 62.6 percent of the statewide student enrollment in

1998, African American students for 20.8 percent, and Hispanic students made up 13.3 percent of total enrollment statewide. Mirroring the overall child population trends across racial and ethnic groups in Illinois, Hispanic enrollment has seen the largest increase, from 11 percent in 1994 to 13.3 percent in 1998. The proportion of African American students, in contrast, remained steady during this same period, at roughly 21 percent, while the proportion of white students dropped slightly from 65.2 percent in 1994 to 62.6 percent in 1998.

The racial composition of Illinois public school students varies over different regions of the state, again reflecting racial patterns in the overall child population. Within Chicago, in 1998, the majority of students (53.5%) were African American, followed by Hispanic (32.8%), white (10.3%), Asian (3.2%), and Native American (0.2%). As with state demographics, this composition changed in the 4 years from 1994 to 1998, with the proportion of African American and white students decreasing as Hispanic enrollment increased. African Americans made up smaller proportions of enrollment outside of Chicago; the inner ring of Cook County suburbs reported just under 20 percent of its enrollment in 1998 as African American while the collar counties reported just over 7 percent African American enrollment. In the balance of the state, the numbers fell in between, with roughly 10 percent of the region's total enrollment being African American. Hispanic enrollment was fairly similar in suburban Cook County and the collar counties, at 12 to 14 percent. Slightly more Asian students were educated in the suburbs (suburban Cook and collar counties) than in Chicago or in the balance of the state.

## Key Educational Outcomes

### *Attendance Rates*

Student attendance rates are directly related to dropout rates and to a student's overall performance. Student attendance is also closely tied to state funding.[3] Given its importance as a measure of how students are performing and how educational resources are allocated across schools, student attendance was a particular focus of reform in both Chicago and the state as a whole. Table 5–2 presents elementary and high school attendance rates by geographic region in Illinois. Throughout the chapter, we categorize schools with grades pre-K to 8 as elementary schools and those with grades 9 to 12 as high schools.[4] Elementary schools in all regions of the state reported roughly 95 percent attendance rates between 1994 and 1998 (Chicago elementary schools were slightly lower at between 92 and 94 percent). High schools outside of Chicago reported attendance rates of between 92 and 94 percent. Although attendance rates at Chicago high schools have been improving, they were much lower than in the balance of the state. In 1994, the attendance rate in Chicago high schools was 78.8 percent; by 1998, it had risen to 84.1 percent—meaning that approximately one in six students was absent each day.

When considering attendance, the chronic truants, or those students who have been absent without a valid excuse for more than 10 percent of the previous 180 days, are especially important. These students are at especially high risk for dropping out. Table 5–3 compares truancy rates across the state by region. Among Chicago elementary students, truancy rates ranged from approximately 2 to 3 percent between 1994 and 1998; in suburban Cook and the collar counties, they were less than 1 percent; and they were between 1 and 2 percent in the balance of the state. High schools in Chicago offer much greater contrast, with truancy rates consistently well above 10 percent during the period compared with a range of rates from 2 to 4 percent in the remaining regions of the state.

Although Chicago's high school truancy rates are still much higher than those of the rest of the state, there have been some signs of improvement in recent years. The truancy rate in Chicago reached its high of 14 percent in 1995 and has declined to about 12 percent since 1996.[5]

**Table 5–2. Elementary and High School Attendance Rates, by Region, 1994–1998**

| | Attendance Rate | |
|---|---|---|
| | Elementary | High School |
| **Illinois, Total** | | |
| 1994 | 94.4 | 90.3 |
| 1995 | 94.6 | 90.3 |
| 1996 | 94.6 | 90.5 |
| 1997 | 94.8 | 91.2 |
| 1998 | 94.8 | 91.4 |
| **Chicago** | | |
| 1994 | 91.8 | 78.8 |
| 1995 | 92.6 | 78.9 |
| 1996 | 92.6 | 80.2 |
| 1997 | 93.5 | 83.3 |
| 1998 | 93.6 | 84.1 |
| **Suburban Cook County** | | |
| 1994 | 95.2 | 92.8 |
| 1995 | 95.1 | 92.7 |
| 1996 | 95.2 | 92.4 |
| 1997 | 95.1 | 92.8 |
| 1998 | 95.2 | 93.0 |
| **Collar Counties**[a] | | |
| 1994 | 95.4 | 93.4 |
| 1995 | 95.6 | 93.5 |
| 1996 | 95.5 | 93.5 |
| 1997 | 95.6 | 93.3 |
| 1998 | 95.6 | 93.2 |
| **Balance of State** | | |
| 1994 | 95.1 | 92.7 |
| 1995 | 95.1 | 92.7 |
| 1996 | 95.0 | 92.8 |
| 1997 | 95.1 | 92.7 |
| 1998 | 94.9 | 92.7 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Note:* The attendance rate is the aggregate days of student attendance divided by the sum of the aggregate days of student attendance and aggregate days of student absence, multiplied by 100.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

### *School Completion Rates*

Having a high school diploma has been shown to be one of the most

## Table 5-3. Elementary and High School Truancy Rates, by Region, 1994–1998

| | % Truant | |
|---|---|---|
| | Elementary | High School |
| **Illinois, Total** | | |
| 1994 | 1.6 | 4.4 |
| 1995 | 1.5 | 4.8 |
| 1996 | 1.5 | 4.5 |
| 1997 | 1.4 | 4.6 |
| 1998 | 1.4 | 4.8 |
| **Chicago** | | |
| 1994 | 3.3 | 11.4 |
| 1995 | 3.0 | 14.0 |
| 1996 | 2.6 | 11.5 |
| 1997 | 2.5 | 11.8 |
| 1998 | 2.1 | 12.3 |
| **Suburban Cook County** | | |
| 1994 | 0.7 | 1.9 |
| 1995 | 0.5 | 1.9 |
| 1996 | 0.7 | 2.3 |
| 1997 | 0.6 | 3.0 |
| 1998 | 0.6 | 2.5 |
| **Collar Counties**[a] | | |
| 1994 | 0.8 | 1.8 |
| 1995 | 0.7 | 1.5 |
| 1996 | 0.9 | 1.8 |
| 1997 | 0.8 | 1.8 |
| 1998 | 0.8 | 2.3 |
| **Balance of State** | | |
| 1994 | 1.4 | 3.6 |
| 1995 | 1.6 | 3.6 |
| 1996 | 1.7 | 3.9 |
| 1997 | 1.5 | 3.8 |
| 1998 | 1.6 | 4.2 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Note:* Chronic truancy is calculated as the number of chronic truants divided by the average daily enrollment multiplied by 100.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

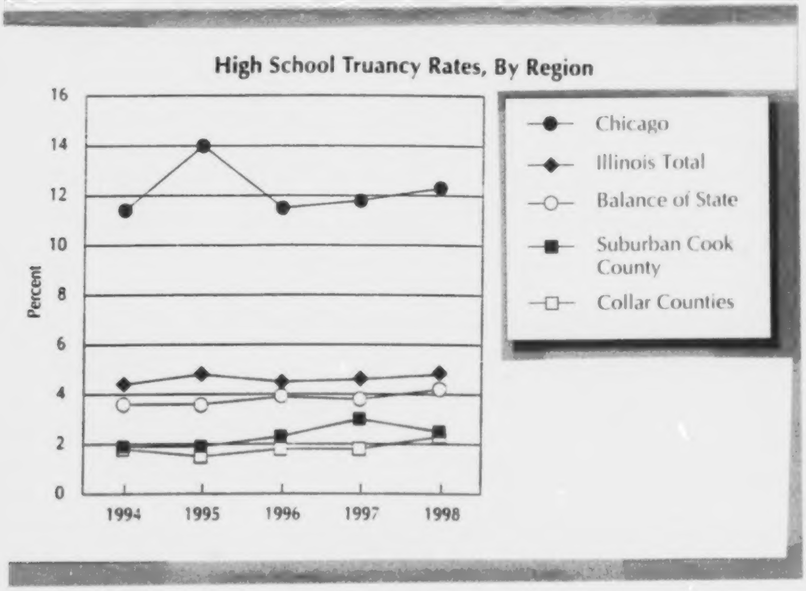
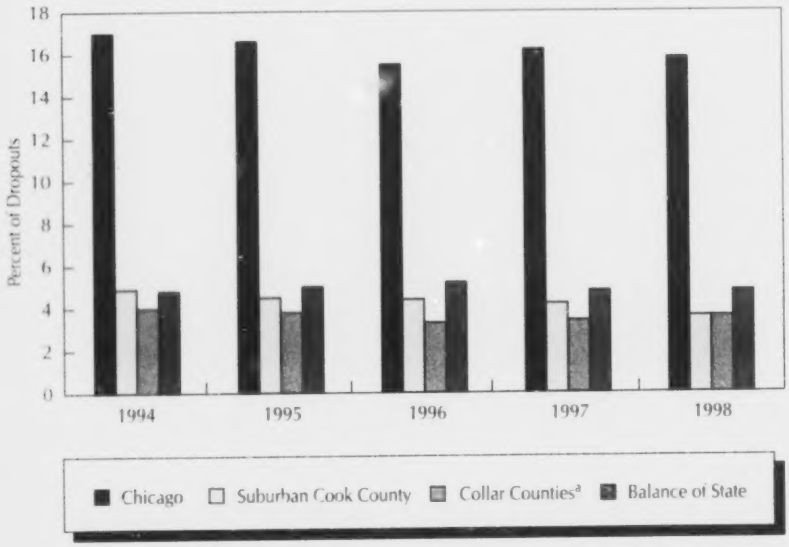


Figure 5–1. High School Dropout Rates, by Region, 1994–1998



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University, Chapin Hall staff analysis.

*Note:* The student dropout rate is calculated as the number of dropouts in a given year divided by the fall enrollment of the same school year minus postgraduates multiplied by 100.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

important predictors of how well one makes a transition to adulthood. The two measures related to school completion are dropout rates and graduation rates. Dropout rates show how many students are leaving the school in a given year. Graduation rates indicate how many students who start high school actually finish.

According to Figure 5–1, dropout rates in Illinois high schools have held fairly steady, with the exception of suburban Cook County, where the dropout rate fell from 4.9 percent in 1994 to 3.6 percent in 1998. Chicago has the highest dropout rate at approximately 16 percent during the period, or more than 4 times that of the other regions in the state. The collar counties and the balance of the state share similar, and lower, dropout rates of between 3 and 5 percent.

Like dropout rates, graduation rates have remained steady since 1995 throughout the state at 61 to 65 percent in Chicago and just under 90 percent in the rest of the state (see Figure 5–2). Although Chicago's graduation rates are considerably lower than the balance of the state, they have improved in recent years, especially between 1994 and 1995, when the rate rose 24 percent from 49.3 percent to 61.2 percent.

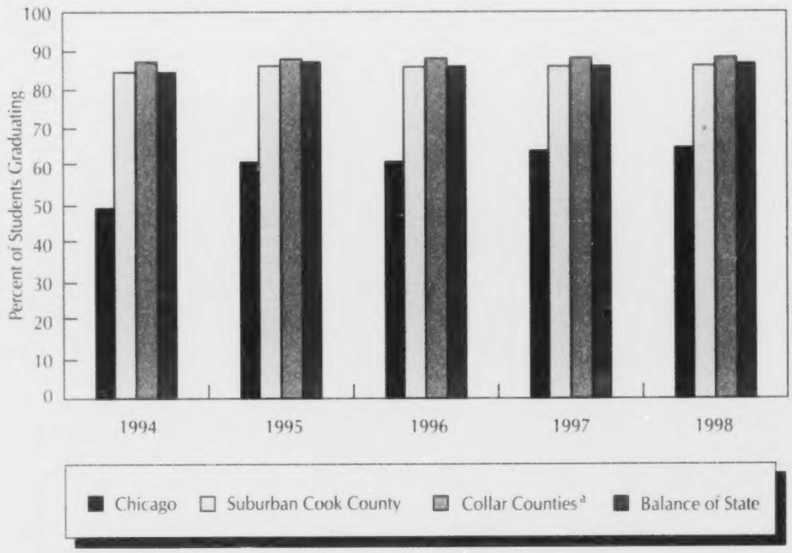
## Student Academic Achievement

The Illinois Goal Assessment Program (IGAP) was a primary tool for measuring Illinois public school students' academic achievement until 1999, when the state initiated the transition from the IGAP to a new assessment program, the Illinois Standards Achievement Test (ISAT).[6] In this section, we focus on the IGAP test results from 1994 to 1998. The IGAP measures progress in reading, math, and writing at the 3rd-, 6th-, 8th-, and 10th-grade levels; students in grades 4, 7, and 11 are tested in science and social studies as well. The IGAP test measures whether students meet, exceed, or fail to meet state-determined achievement goals.

We focus on the reading, math, and writing achievements of Illinois public school students from 1994 through 1998. Although there has been a general increase in the percentage of students meeting or exceeding state standards, significant disparities remain between students in Chicago public schools and the remaining regions of the state, and among students at each grade level.

As data presented in Tables 5–4 through 5–6 indicate, although Chicago students showed overall improvement in recent years across most grade levels in math, reading, and writing as measured by IGAP, their test scores are still lagging behind those of their counterparts in the rest of the state. For example, as of 1998, the percentage of 10th-grade students not meeting math standards in Chicago was more than twice that of the state as a whole.

**Figure 5–2. High School Graduation Rates, by Region, 1994–1998**



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Note:* The graduation rate is calculated by class cohorts. That is, the 1997 senior class graduation rate is the number of graduates divided by the number of 1993 incoming freshmen, minus students transferred out and plus students who transferred in, multiplied by 100. The data presented are an average of school graduation rates within each region.

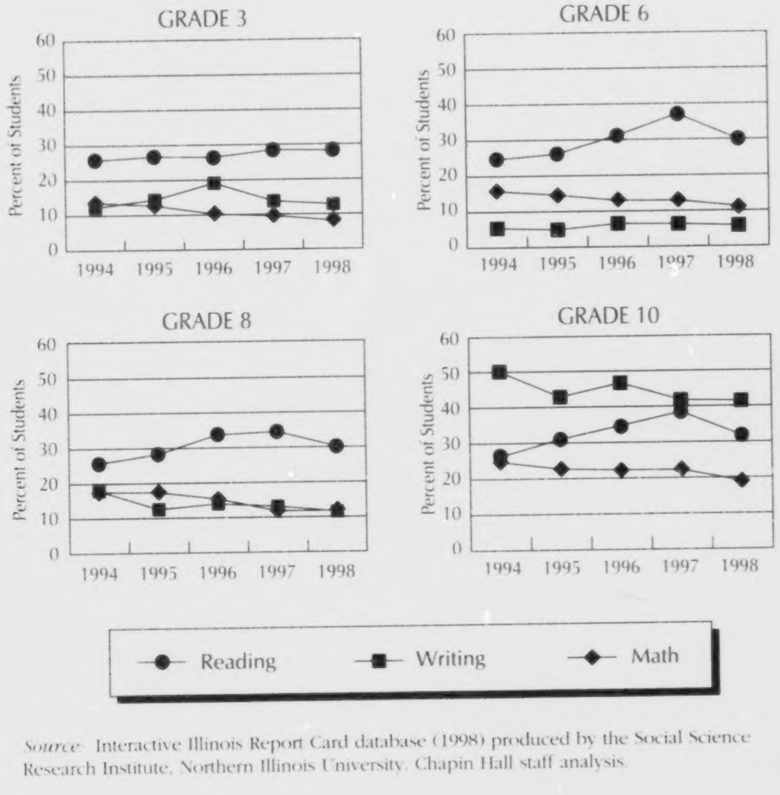
[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

For reading and writing, the percentages in Chicago were about 1.5 times higher than those of the state. In general, Illinois students are more likely to fail to meet the standards for math, reading, and writing as they move up to higher grades. This pattern is most noticeable in the students' performance in math and writing. For example, about 15 percent of Illinois 8th graders tested in 1996 did not meet math standards; when these students were tested in 10th grade in 1998, 19 percent did not meet standards for math. The pattern in writing is more stark. Fourteen percent of 8th graders tested in 1996 did not meet writing standards; in grade 10 in 1998, the percentage not meeting writing standards tripled to about 42 percent.

During the period of 1994 to 1998, Illinois students showed a consistent pattern of improvement in meeting math standards across all grade levels and geographic regions. For example, Figure 5–3 shows that the percentage of Illinois students who did not meet math standards in grade 10 dropped from nearly 25 percent in 1994 to 19 percent in 1998. (For detailed data on the IGAP Goals from 1994 to 1998, see Appendix Tables 5–1 through 5–3 at the end of this chapter). In other words, roughly 80 percent of Illinois's 10th-grade students in 1998 met or exceeded the standards set by the state in math. Students in Chicago, however, did not do as well. Among Chicago 10th graders in 1998, for example, 42.9 percent did not meet IGAP math standards, compared to 16.2 percent in suburban Cook County and 11.2 percent in the collar counties (see Table 5–4).

According to data presented in Figure 5–3, reading is the only topic

**Figure 5–3. Percentage of All Illinois Students Tested Who Did Not Meet IGAP Standards, by Subject, 1994–1998**



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

area that did not show overall improvement since 1994. The percentage of all Illinois 10th graders who did not meet reading standards stood at nearly one-third (31.8%) in 1998. Except for 3rd and 10th graders in Chicago, students at all grade levels in every region of the state failed to register improvement in reading, according to Table 5–5. This performance prompted the state's superintendent of education to introduce in 1997 the Illinois Right to Read Initiative, a series of measures aimed at improving reading skills and achievement.

**Table 5–4. Percent of Students Tested Who Did Not Meet IGAP Math Standards, by Grade and Region, 1994–1998**

| | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|
| **Illinois, Total** | | | | | |
| Grade 3 | 13.6 | 12.7 | 10.2 | 9.6 | 8.1 |
| Grade 6 | 15.8 | 14.6 | 13.0 | 12.9 | 11.2 |
| Grade 8 | 17.5 | 17.4 | 15.3 | 11.8 | 11.8 |
| Grade 10 | 24.8 | 22.7 | 22.3 | 22.3 | 19.0 |
| **Chicago** | | | | | |
| Grade 3 | 38.2 | 35.7 | 27.6 | 24.5 | 20.5 |
| Grade 6 | 40.2 | 36.9 | 31.5 | 29.8 | 26.2 |
| Grade 8 | 39.9 | 41.0 | 35.5 | 27.5 | 27.7 |
| Grade 10 | 57.9 | 57.8 | 55.0 | 53.0 | 42.9 |
| **Suburban Cook County** | | | | | |
| Grade 3 | 8.5 | 7.4 | 7.1 | 6.5 | 5.7 |
| Grade 6 | 9.9 | 9.4 | 9.1 | 8.9 | 7.7 |
| Grade 8 | 13.5 | 13.1 | 11.5 | 8.4 | 9.1 |
| Grade 10 | 20.1 | 17.1 | 18.1 | 16.9 | 16.2 |
| **Collar Counties**[a] | | | | | |
| Grade 3 | 5.8 | 5.2 | 4.1 | 4.3 | 3.2 |
| Grade 6 | 7.3 | 6.8 | 6.3 | 6.9 | 5.8 |
| Grade 8 | 8.5 | 8.3 | 7.7 | 6.0 | 6.4 |
| Grade 10 | 14.1 | 12.5 | 12.2 | 12.7 | 11.2 |
| **Balance of State** | | | | | |
| Grade 3 | 8.5 | 8.6 | 6.8 | 6.7 | 5.2 |
| Grade 6 | 10.8 | 10.4 | 9.2 | 9.6 | 8.0 |
| Grade 8 | 12.7 | 12.3 | 11.3 | 8.9 | 8.5 |
| Grade 10 | 19.8 | 17.8 | 17.7 | 18.1 | 16.1 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

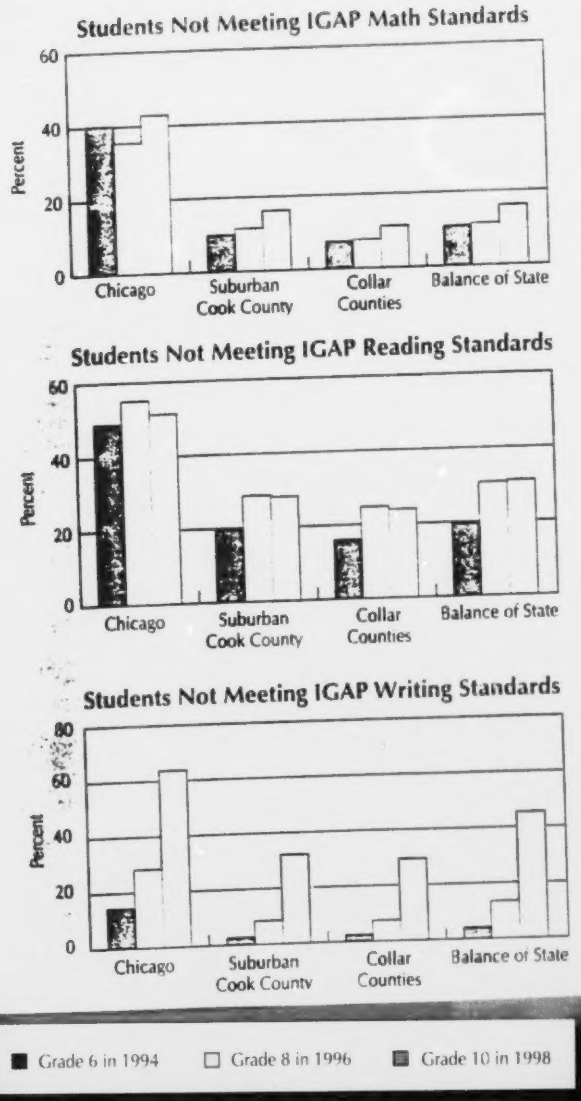
Although it has improved overall since 1994, students' performance in writing was worse than reading. As mentioned earlier, nearly 42 percent of Illinois 10th-grade students in 1998 did not meet state standards (see Table 5–6). However, Figure 5–3 shows that writing performance fell off considerably between grades 8 and 10. About 18 percent of Illinois 8th graders tested in 1994 did not meet writing standards. When these students reached the 10th grade in 1996, the percentage of those not meeting writing standards increased to about 47 percent. The pattern holds true with regard to the performance of 8th graders in 1995 and

**Table 5–5. Percent of Students Tested Who Did Not Meet IGAP Reading Standards, by Grade and Region, 1994–1998**

| | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|
| **Illinois, Total** | | | | | |
| Grade 3 | 25.8 | 26.7 | 26.5 | 28.5 | 28.2 |
| Grade 6 | 24.7 | 26.1 | 31.2 | 37.1 | 30.0 |
| Grade 8 | 25.8 | 28.3 | 33.7 | 34.5 | 30.2 |
| Grade 10 | 26.3 | 31.0 | 34.7 | 38.4 | 31.8 |
| **Chicago** | | | | | |
| Grade 3 | 58.4 | 55.0 | 54.0 | 55.4 | 54.3 |
| Grade 6 | 48.9 | 53.2 | 56.7 | 64.8 | 54.7 |
| Grade 8 | 45.6 | 51.4 | 55.1 | 58.0 | 50.6 |
| Grade 10 | 54.8 | 55.8 | 59.2 | 63.0 | 51.4 |
| **Suburban Cook County** | | | | | |
| Grade 3 | 20.4 | 19.4 | 20.6 | 21.6 | 21.7 |
| Grade 6 | 19.5 | 20.4 | 25.6 | 30.2 | 24.3 |
| Grade 8 | 22.1 | 24.1 | 28.6 | 30.0 | 26.0 |
| Grade 10 | 22.5 | 25.7 | 30.9 | 32.7 | 28.1 |
| **Collar Counties**[a] | | | | | |
| Grade 3 | 15.2 | 15.8 | 16.2 | 17.7 | 16.7 |
| Grade 6 | 16.0 | 16.5 | 21.5 | 26.7 | 20.8 |
| Grade 8 | 17.0 | 19.4 | 24.7 | 24.9 | 22.5 |
| Grade 10 | 16.8 | 21.6 | 25.9 | 29.5 | 23.9 |
| **Balance of State** | | | | | |
| Grade 3 | 18.7 | 22.9 | 21.9 | 24.9 | 23.4 |
| Grade 6 | 19.6 | 20.6 | 26.3 | 32.2 | 24.8 |
| Grade 8 | 22.0 | 23.3 | 30.5 | 30.5 | 26.8 |
| Grade 10 | 21.9 | 29.2 | 32.1 | 36.4 | 31.0 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.



1996 compared to the performance of 10th graders in 1997 and 1998 (see Table 5–6). Nevertheless, writing ability across the regions has improved. In Chicago, for example, 81.4 percent of 10th-grade students in 1994 did not meet writing standards. By 1998, 63.7 percent were not meeting the standards.

## Characteristics of Students

Many different factors affect indicators of student performance. In this section, we focus on the socioeconomic background of students, the mobility of students, and students' proficiency in English to illuminate how these factors might come into play with the variations in student

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**Table 5–6. Percent of Students Tested Who Did Not Meet IGAP Writing Standards, by Grade and Region, 1994–1998**

| | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|
| **Illinois, Total** | | | | | |
| Grade 3 | 12.3 | 14.4 | 19.1 | 13.8 | 12.8 |
| Grade 6 | 5.4 | 4.9 | 6.5 | 6.3 | 5.8 |
| Grade 8 | 17.9 | 12.5 | 14.0 | 13.1 | 11.5 |
| Grade 10 | 50.1 | 42.9 | 46.7 | 41.8 | 41.5 |
| **Chicago** | | | | | |
| Grade 3 | 23.0 | 26.5 | 33.6 | 25.7 | 23.7 |
| Grade 6 | 14.4 | 12.4 | 15.1 | 14.6 | 14.1 |
| Grade 8 | 37.6 | 25.0 | 28.2 | 28.8 | 24.3 |
| Grade 10 | 81.4 | 71.4 | 73.1 | 70.7 | 63.7 |
| **Suburban Cook County** | | | | | |
| Grade 3 | 8.3 | 9.1 | 13.7 | 10.3 | 9.0 |
| Grade 6 | 2.6 | 2.6 | 3.4 | 3.6 | 3.2 |
| Grade 8 | 11.5 | 7.5 | 8.3 | 7.5 | 6.9 |
| Grade 10 | 39.9 | 33.4 | 35.8 | 28.4 | 32.0 |
| **Collar Counties**[a] | | | | | |
| Grade 3 | 7.9 | 9.0 | 12.5 | 7.7 | 6.1 |
| Grade 6 | 2.3 | 2.5 | 3.2 | 3.4 | 2.8 |
| Grade 8 | 10.2 | 7.1 | 7.3 | 6.8 | 6.8 |
| Grade 10 | 36.7 | 30.0 | 34.8 | 29.8 | 29.4 |
| **Balance of State** | | | | | |
| Grade 3 | 11.8 | 14.4 | 19.0 | 13.5 | 12.7 |
| Grade 6 | 4.0 | 3.7 | 5.6 | 5.0 | 4.5 |
| Grade 8 | 15.1 | 11.6 | 13.3 | 11.7 | 10.4 |
| Grade 10 | 51.0 | 44.7 | 49.0 | 44.0 | 45.3 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

performance indicators examined in the preceding sections.

### *Economic Status*

A student's economic situation can affect many aspects of his or her education. A report by the National Center for Education Statistics shows that absenteeism and tardiness were higher in high schools with large proportions of the student body living in poverty. Behavior problems were more common as well, and parental involvement was often lower.[7]

Students living in poverty are also considerably more likely to drop out of school. In 1996, students living in families with incomes in the lowest 20 percent of family incomes were 5 times as likely to drop out as their peers in the top 20 percent of family incomes.[8] Research also has shown that low-income students are more likely to have developmental delays and learning disabilities.[9]

In order to examine the socioeconomic status of Illinois students, we utilize the data gathered by public schools to identify low-income students. The definition Illinois public schools employ to define *low income* includes those students who are living in families receiving public aid, those living in institutions for neglected or delinquent children, those who are supported in foster homes with public funds, and those who are eligible to receive free or reduced-price lunches. As Figure 5–4 shows, Chicago has proportionately more low-income students than any other region in the state, and that proportion has increased over the 5 years we examine. In 1994, 82.6 percent of all Chicago public elementary and 68.2 percent of Chicago public high school students were low income. By 1998, that number had risen to nearly 87 percent in elementary schools and 79 percent in high schools. As shown in Figure 5–4, the percentage of low-income students is substantially lower in the rest of the state for both elementary schools and high schools.

### *Student Mobility Rates*

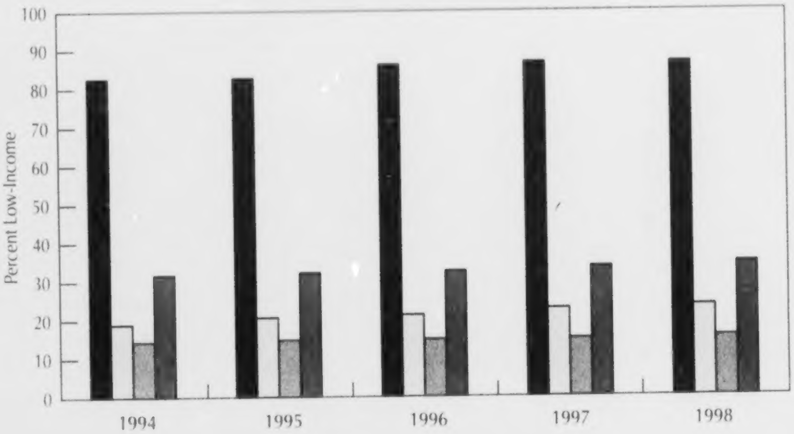
One problem that the 1995 reform sought to address was the high rate of mobility among Chicago students. Mobility can affect both the individual child who changes schools and the group of children who attend schools with high mobility. Staff must make adjustments each time new children are introduced, which can affect instruction, teachers, and class size. As shown in Table 5–7, mobility rates in Chicago elementary schools remained fairly steady (although higher than other regions of the state) from 1994 to 1998. Rates in Chicago high schools, in contrast, rose about 20 percent from 23.7 percent in 1994 to 28.7 percent in 1998. Mobility rates in the other regions of the state are lower for both elementary and high schools, ranging from 11 percent to 19 percent, and have either fallen or remained steady over time.

### *English Proficiency*

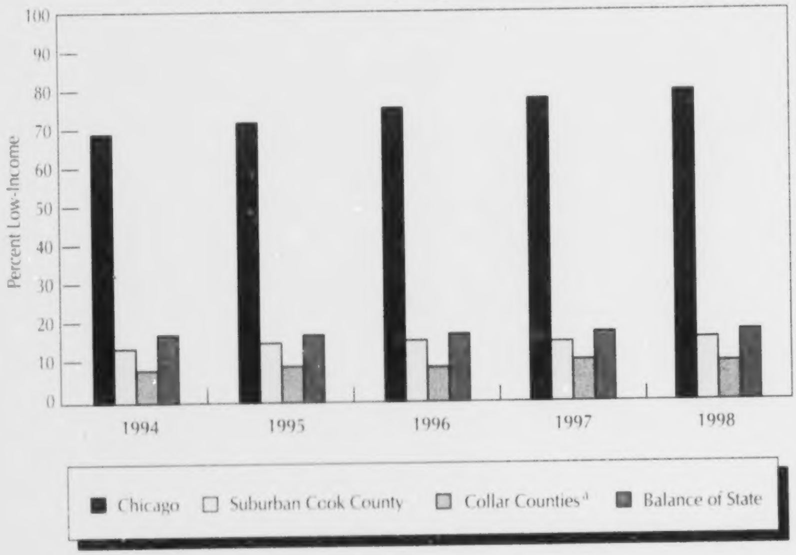
Limited English Proficiency (LEP) students are students whose English is deficient or whose native language is other than English and who have not yet achieved grade-level

**Figure 5–4. Socioeconomic Status of Illinois Public School Students, 1994–1998**

**Percent of Elementary Students Who Are Low-Income, by Region, 1994–1998**



**Percent of High School Students Who Are Low-Income, by Region, 1994–1998**



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Note:* Percentage of low-income students includes those students ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, living in foster homes, or eligible to receive free or reduced-price lunches.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

proficiency in English.[10] The data presented in Table 5–8 show that about 6 percent of all Illinois public school students were identified as having limited English proficiency from 1995 to 1998. Table 5–8 also shows that a significantly higher proportion of Chicago students were identified as LEP. Among all students in Chicago in 1998, 16.1 percent had limited proficiency in English compared to only 6 to 7 percent of the student body in suburban Cook and the collar counties and less than 1 percent in the balance of the state.

The Illinois School Code requires that one of two programs be provided for all K–12 LEP students. The intent of these programs is to raise proficiency to a level that allows the children to take part in the mainstream education curriculum. The two programs offered in Illinois are the Transitional Bilingual Education (TBE) and the Transitional Program of Instruction (TPI). TBE is offered whenever twenty or more LEP students share a common native language in a school. TPI is offered if a school has fewer than twenty LEP students of a common native language (or if TBE is unavailable). The majority of Illinois's LEP students are served by TBE programs. In 1997, nearly 79 percent of all LEP students received TBE services, and the remaining 21 percent were in TPI programs.[11]

According to Illinois State Board of Education annual reports, the number of students served by the two programs has increased annual-

**Table 5–7. Mobility Rates of Illinois Elementary and High School Students, by Region, 1994–1998**

| | Mobility Rate[a] | |
|---|---|---|
| | Elementary | High School |
| **Illinois, Total** | | |
| 1994 | 19.8 | 16.5 |
| 1995 | 20.5 | 17.1 |
| 1996 | 19.8 | 17.2 |
| 1997 | 19.5 | 16.4 |
| 1998 | 19.4 | 16.4 |
| **Chicago** | | |
| 1994 | 27.2 | 23.7 |
| 1995 | 31.4 | 27.5 |
| 1996 | 29.4 | 28.1 |
| 1997 | 29.6 | 26.8 |
| 1998 | 28.7 | 28.7 |
| **Suburban Cook County** | | |
| 1994 | 18.0 | 14.3 |
| 1995 | 17.4 | 13.6 |
| 1996 | 17.0 | 14.7 |
| 1997 | 16.4 | 15.6 |
| 1998 | 16.0 | 13.3 |
| **Collar Counties[b]** | | |
| 1994 | 15.9 | 13.7 |
| 1995 | 15.3 | 14.0 |
| 1996 | 14.5 | 12.7 |
| 1997 | 14.1 | 11.3 |
| 1998 | 14.3 | 11.8 |
| **Balance of State** | | |
| 1994 | 18.6 | 15.6 |
| 1995 | 18.5 | 15.7 |
| 1996 | 18.5 | 15.8 |
| 1997 | 18.3 | 15.1 |
| 1998 | 18.3 | 15.2 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Mobility captures the movement of students between schools. The mobility rate as calculated here reflects any enrollment change between October 1 and the last day of school. It is the sum of the students transferred out and the students transferred in divided by the average daily enrollment, multiplied by 100.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

**Table 5–8. Percentage of All Enrolled Public School Students Who Have Limited English Proficiency (LEP), by Region, 1994–1998**

| | Percent of LEP Students | | | | |
|---|---|---|---|---|---|
| | Chicago | Suburban Cook Cty. | Collar Counties[a] | Balance of State | Illinois Total |
| 1994 | 14.2 | 5.3 | 4.8 | 0.5 | 5.3 |
| 1995 | 14.9 | 6.0 | 5.1 | 0.6 | 5.6 |
| 1996 | 15.4 | 6.3 | 5.5 | 0.6 | 5.9 |
| 1997 | 16.0 | 6.3 | 5.6 | 0.7 | 6.1 |
| 1998 | 16.1 | 6.9 | 5.7 | 0.7 | 6.3 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

ly over the last decade. Table 5–9 lists the number of students who were served by the two programs in Illinois and the percentage increase each year between 1991 and 1997. In 1997, TBE and TPI programs served 133,815 students, an 86 percent increase since 1991. The annual reports also point out that the variety of languages is quite extensive and has remained fairly stable over the later years we examined. In 1997, students in TBE and TPI programs spoke over ninety-seven different languages. As reported by the state Board of Education, the majority (76%) of the students enrolled in either program speak Spanish, followed by 6 percent who speak Polish, less than 2 percent who speak Arabic or Urdu, and just over 1 percent who speak Korean and Gujarati.[12] The majority of students enrolled in either program are young—over 60 percent were in pre-kindergarten through 4th grade during the time span.[13]

## System Factors that Affect Outcomes

### *Funding*

Although student characteristics such as economic status and language skills are key to performance, the overall system within which the schools themselves function is also quite important. Such factors as funding, teachers' qualifications and salaries, efficient and effective school administration, and curriculum all ultimately affect student performance.

In the 1997–98 school year, about $14 billion was collected for public elementary and secondary

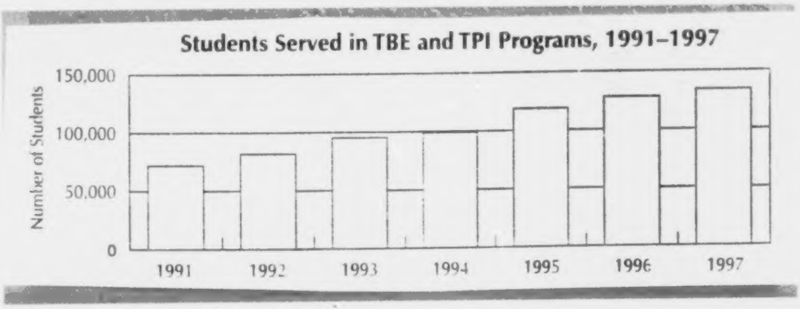


**Table 5–9. Number of Students Served in Transitional Bilingual Education (TBE) and Transitional Program of Instruction (TPI) Programs, 1991–1997**

|  | Number Served | % Increase from Previous Year |
|---|---|---|
| 1991 | 71,857 | 10.8 |
| 1992 | 81,855 | 13.9 |
| 1993 | 95,297 | 16.4 |
| 1994 | 99,178 | 4.1 |
| 1995 | 118,609 | 19.6 |
| 1996 | 127,934 | 7.9 |
| 1997 | 133,815 | 4.6 |

*Source:* Illinois State Board of Education. *Transitional Bilingual Education and Transitional Program of Instruction Evaluation Report*, Fiscal Years 1991–1998. Springfield: Illinois State Board of Education, Center for Planning, Resource and Evaluation.

education in Illinois (see Table 5–10). In the same year, the total spending was about $12.5 billion.[14] As shown in Table 5–10, the largest amount of education revenue in Illinois—about two-thirds of the total revenue—comes from local sources. The data in Table 5–10 also show that the share of local revenue sources increased while that of the state sources decreased during the 1990s. The local share increased from 59.2 percent in the 1984–85 school year to 64.8 percent in the 1997–98 school year. During the same period, the state share declined from 36.4 percent to 28.4 percent.

Financial resources available for public education in Illinois, when measured by average spending per pupil, have improved slightly over the last several years (see Figure 5–5). The state average of high school district operating expenses per student increased, from about $4,900 in 1994 to $5,800 in 1998. At the same time, the state average of elementary school district operating expenses per student also increased, from about $4,500 to $5,400. However, because the majority of the state's education revenue is generated through local property taxes, as shown in Table 5–10, spending varies considerably by region. Figure 5–5

**Table 5–10. Revenue for Illinois Public Elementary and Secondary Schools, by Source, 1984–1985 to 1997–1998**

|  |  | Revenues, by Source (in $1,000s) |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
|  |  | Local |  | State |  | Federal |  |
|  | Total | $ | % | $ | % | $ | % |
| 1984–85 | 5,450,387 | 3,224,487 | 59.2 | 1,982,143 | 36.4 | 243,757 | 4.5 |
| 1989–90 | 8,973,770 | 5,489,255 | 61.2 | 2,952,592 | 32.9 | 531,923 | 5.9 |
| 1994–95 | 12,016,319 | 7,874,839 | 65.5 | 3,361,268 | 28.0 | 780,212 | 6.5 |
| 1995–96 | 12,290,140 | 8,185,502 | 66.6 | 3,359,525 | 27.3 | 745,113 | 6.1 |
| 1996–97 | 13,161,954 | 8,774,534 | 66.7 | 3,559,351 | 27.0 | 828,066 | 6.3 |
| 1997-98 | 14,194,654 | 9,203,852 | 64.8 | 4,033,015 | 28.4 | 957,788 | 6.7 |

*Source:* U.S. Department of Education, National Center for Education Statistics, *Statistics in Brief: Revenues and Expenditures for Public Elementary and Secondary Education*, various years.

*Note:* Percentages may not add to 100 due to rounding.

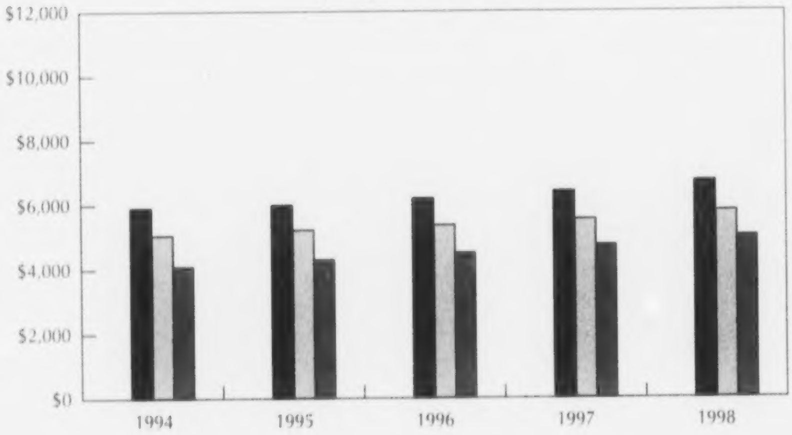
shows that suburban Cook County districts are spending substantially more per pupil, on average, than are other regions of the state.[15] The regional averages, however, mask the wide disparity in funding available across districts within a region. Spending in 1998 among high school districts in suburban Cook County, for example, ranged from $8,076 per student in the south suburban Bremen high school district to $13,668 in the north suburban New Trier high school district.[16]

### *Student-to-Teacher Ratio*

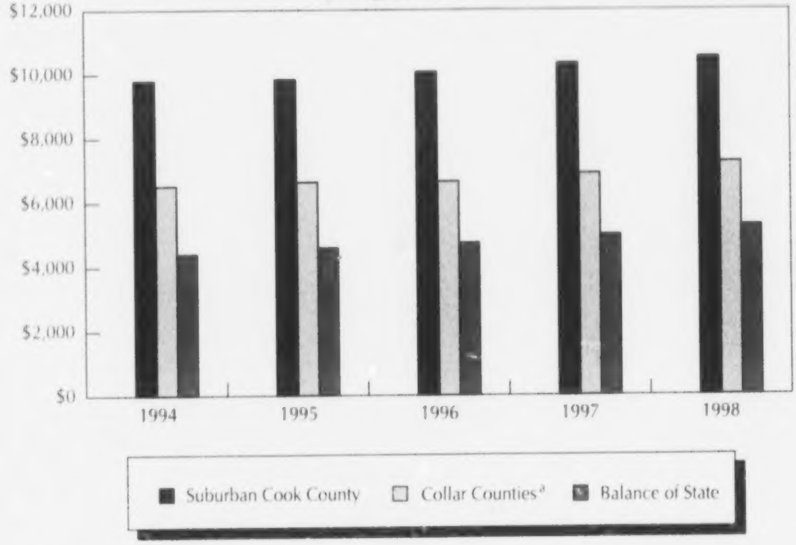
Along with funding, having an adequate number of teachers is an important factor affecting both student outcomes and school functioning. As a measure of teacher availability, the ratio of the number of students to a teacher is most often used. Figure 5–6 presents the regional average student-to-teacher ratios in Illinois. The ratio is defined as the fall enrollment for the school year divided by the number of full-time classroom teachers in the region. In 1998, the average student-teacher ratio in elementary schools in Illinois was 18.2 students for every teacher. According to Figure 5–6, Chicago schools reported the highest student-to-teacher ratios in elementary grades, at 22.2 students per teacher in 1998. The balance of the state had the lowest ratio, at 17.8 elementary students per teacher in 1998. Elementary school ratios have been increasing slightly in

**Figure 5–5. Spending per Pupil, by Region, 1994–1998**

**Spending per Pupil for Elementary School Districts, by Region, 1994–1998**



**Spending per Pupil for High School Districts, by Region, 1994–1998**



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

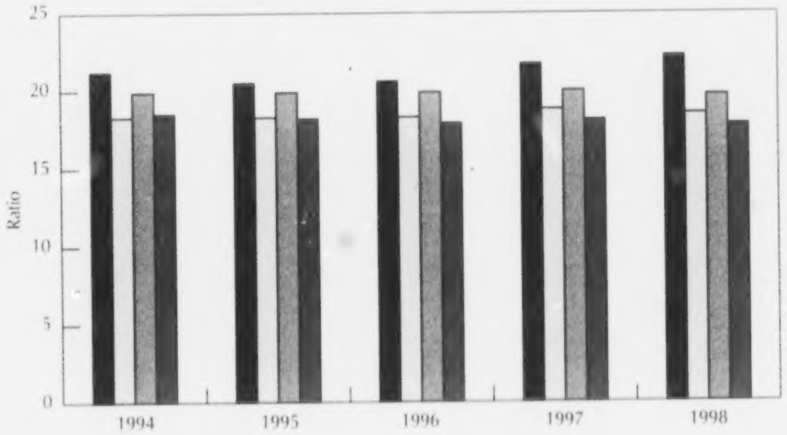
*Notes:* Data presented are averages of school districts within each region. Operating expenses per student are the gross operating cost of a school district (excluding summer school, adult education, bond principal, and capital expenditures) divided by the average daily attendance for the regular school term. Previous year data reported.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

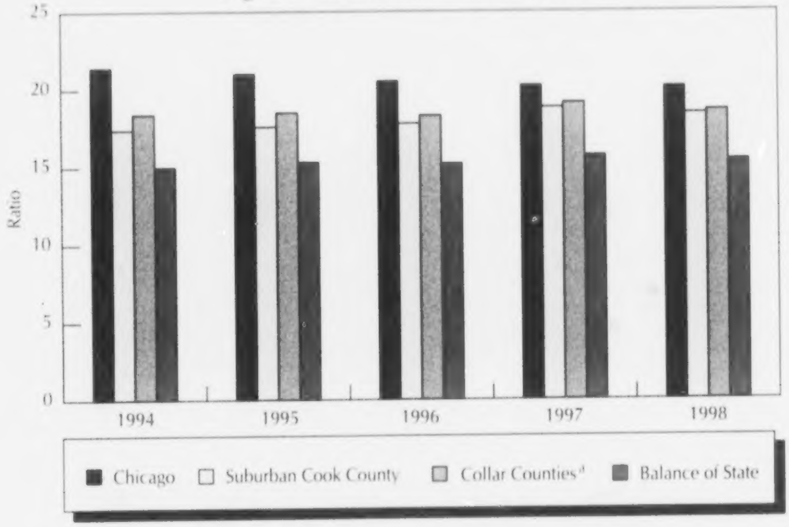
Chicago in recent years, while ratios in school districts outside of Chicago have remained quite steady. Chicago high schools, however, saw no change in the teacher-to-student ratio, although it remained the highest in the state at 20.1 in 1998. Like elementary schools, high schools in the balance of the state reported the lowest ratio at 15.4 students per teacher in 1998.

**Figure 5–6. Student-to-Teacher Ratios, by Region, 1994–1998**

**Elementary School Student-to-Teacher Ratios**



**High School Student-to-Teacher Ratios**



*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

## NOTES

1 Katz, M. (1995). *Improving poor people: The welfare state, the "underclass," and urban schools as history.* Princeton, NJ: Princeton University Press.

2 Across the years studied, about 28 percent of enrollments were in grades 9–12.

3 Average Daily Attendance (ADA) is an estimate of the number of students in attendance on any given day. ADA is the major component of the formula used in the distribution of state funding. It is used to determine the funding for the basic educational programs for each child in the state. The state's attendance rate does not reflect Chicago Public School student enrollment in preschools, alternative schools, or other institutions.

4 Not all schools have a uniform grade system. For example, a total of 25 public schools in Illinois have grades 7–12. In this instance, we categorized them as high schools in the chapter.

5 To combat the problem in Chicago of truancy and attendance, the Chicago Public Schools in August 1996 mandated that all high schools institute a Student Attendance Improvement Plan. The plan institutes several measures to target chronic truants and improve attendance, including a hotline for reporting truants.

6 The ISAT test is based on both the Illinois Learning Standards published by the Illinois State Board of Education and the recent changes in state legislation.

7 National Center for Education Statistics. (1997). *The condition of education, 1997: The social context of education.* Washington, DC: U.S. Department of Education, Office of Education Research and Implementation.

8 National Center for Education Statistics. (1997). *Statistical analysis report: Dropout rates in the United States, 1996.* Washington, DC: U.S. Department of Education, Office of Education Research and Implementation.

9 U.S. General Accounting Office (1998). *School finance: State and federal efforts to target poor students.* Washington, DC: General Accounting Office. Also, Behrman, R. E. (Ed.). (1997). *The Future of Children, Children and Poverty,* 7(2), entire issue.

10 Illinois State Board of Education. (Various years). *Transitional bilingual education and transitional program of instruction, evaluation report* (fiscal years 1994–1998). Springfield: Illinois State Board of Education, Center for Planning, Resource and Evaluation.

11 The Illinois State Board of Education's annual Bilingual Census reports the number of non-English language background students, the number of non-English language background students identified as having LEP, and the number of non-English language background students whose English proficiency level is at or above the 50th percentile on a nationally normed English language proficiency test. Illinois State Board of Education. *Transitional bilingual education and transitional program of instruction evaluation report* (fiscal years 1994–1998). Springfield: Illinois State Board of Education, Center for Planning, Resource and Evaluation.

12 Illinois State Board of Education (1996). *Transitional bilingual education and transitional program of instruction evaluation report, fiscal year 1996.* Springfield: Illinois State Board of Education, Center for Policy, Planning, and Resource Management.

13 Illinois State Board of Education (1996). *Transitional bilingual education and transitional program of instruction evaluation report, fiscal year 1996.* Springfield: Illinois State Board of Education, Center for Policy, Planning, and Resource Management. Bilingual services to pre-kindergarten students are optional. The Chicago district, for example, does not offer bilingual services for pre-kindergarten.

14 U.S. Department of Education. (Various years). *Statistics in brief: Revenues and expenditures for public elementary and secondary education.* Washington, DC: U.S. Department of Education.

15 Because the Chicago public school district includes both elementary and high schools and the expense data are only readily available by districts, the district operating expense per pupil data cannot be broken down for elementary and high schools in Chicago. During the period, Chicago school district operating expenses per student (including elementary and high schools) ranged from $6,600 in 1994 to $7,100 in 1997.

16 Staff analysis of the Interactive Illinois Report Card database produced by the Social Science Research Institute, Northern Illinois University.

**Appendix Table 5-1. Percent of Students Not Meeting, Meeting, and Exceeding State IGAP Goals in Math, by Grade and Geographic Location, 1994–1998**

| | Grade 3 | | | | | Grade 6 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** | | | | | | | | | | |
| 1994 | 157,808 | 79.5 | 13.6 | 65.2 | 21.4 | 137,233 | 88.6 | 15.8 | 64.8 | 19.5 |
| 1995 | 148,166 | 89.4 | 12.7 | 63.8 | 23.7 | 140,240 | 92.0 | 14.6 | 64.1 | 21.4 |
| 1996 | 146,592 | 89.4 | 10.2 | 61.0 | 28.9 | 145,803 | 92.2 | 13.0 | 63.5 | 23.5 |
| 1997 | 152,448 | 88.2 | 9.6 | 63.2 | 27.3 | 149,125 | 92.6 | 12.9 | 61.2 | 25.9 |
| 1998 | 157,444 | 84.1 | 8.1 | 65.1 | 26.8 | 150,787 | 86.93 | 11.17 | 64.02 | 24.85 |
| **Chicago** | | | | | | | | | | |
| 1994 | 31,394 | 76.3 | 38.2 | 55.5 | 6.4 | 29,285 | 84.8 | 40.2 | 54.8 | 5.2 |
| 1995 | 32,897 | 76.0 | 35.7 | 56.3 | 8.1 | 29,148 | 88.1 | 36.9 | 57.7 | 5.5 |
| 1996 | 32,402 | 77.8 | 27.6 | 60.7 | 11.7 | 30,634 | 88.6 | 31.5 | 60.9 | 7.5 |
| 1997 | 34,920 | 75.3 | 24.5 | 65.3 | 10.3 | 31,471 | 88.3 | 29.8 | 61.1 | 9.1 |
| 1998 | 38,660 | 74.7 | 20.5 | 69.6 | 9.9 | 33,274 | 81.8 | 26.2 | 65.2 | 8.7 |
| **Suburban Cook County** | | | | | | | | | | |
| 1994 | 25,803 | 87.2 | 8.5 | 63.4 | 28.2 | 24,233 | 88.4 | 9.9 | 62.7 | 27.6 |
| 1995 | 26,673 | 90.6 | 7.4 | 61.9 | 30.9 | 25,829 | 89.1 | 9.4 | 61.0 | 29.8 |
| 1996 | 26,484 | 90.2 | 7.1 | 57.1 | 35.9 | 26,427 | 93.1 | 9.1 | 59.2 | 31.8 |
| 1997 | 27,355 | 88.6 | 6.5 | 59.3 | 34.3 | 27,075 | 93.0 | 8.9 | 56.3 | 34.8 |
| 1998 | 28,033 | 83.5 | 5.7 | 61.1 | 33.2 | 27,453 | 87.0 | 7.7 | 59.3 | 33.0 |
| **Collar Counties**[a] | | | | | | | | | | |
| 1994 | 39,112 | 75.0 | 5.8 | 65.4 | 28.9 | 30,783 | 89.5 | 7.3 | 64.9 | 28.0 |
| 1995 | 34,561 | 92.1 | 5.2 | 62.5 | 32.4 | 32,016 | 93.9 | 6.8 | 63.1 | 30.3 |
| 1996 | 34,743 | 91.2 | 4.1 | 57.8 | 38.1 | 34,269 | 91.9 | 6.3 | 61.1 | 32.7 |
| 1997 | 36,591 | 90.8 | 4.3 | 58.3 | 37.4 | 35,120 | 93.7 | 6.9 | 57.6 | 35.4 |
| 1998 | 37,458 | 86.3 | 3.2 | 60.0 | 36.8 | 36,017 | 89.4 | 5.8 | 59.8 | 34.5 |
| **Balance of State** | | | | | | | | | | |
| 1994 | 61,499 | 80.7 | 8.5 | 70.5 | 21.1 | 52,932 | 90.4 | 10.8 | 70.8 | 18.5 |
| 1995 | 54,035 | 95.2 | 8.6 | 69.2 | 22.5 | 53,247 | 94.5 | 10.4 | 69.4 | 20.3 |
| 1996 | 52,963 | 95.0 | 6.8 | 64.9 | 28.4 | 54,473 | 94.0 | 9.2 | 68.5 | 22.3 |
| 1997 | 53,582 | 94.5 | 6.7 | 67.1 | 26.2 | 55,459 | 94.2 | 9.6 | 65.9 | 24.5 |
| 1998 | 53,293 | 89.5 | 5.2 | 67.7 | 27.1 | 54,043 | 88.4 | 8.0 | 68.6 | 23.5 |

*(continues)*

**Appendix Table 5-1 (continued)**

| | Grade 8 | | | | | Grade 10 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** | | | | | | | | | | |
| 1994 | 142,173 | 87.8 | 17.5 | 60.5 | 22.1 | 129,112 | 81.3 | 24.8 | 51.4 | 24.0 |
| 1995 | 152,425 | 86.2 | 17.4 | 60.6 | 22.1 | 134,904 | 86.0 | 22.7 | 50.7 | 26.7 |
| 1996 | 141,316 | 91.4 | 15.3 | 59.9 | 24.8 | 137,718 | 87.1 | 22.3 | 51.0 | 26.8 |
| 1997 | 139,321 | 91.8 | 11.8 | 62.3 | 25.8 | 134,997 | 87.7 | 22.3 | 50.3 | 27.4 |
| 1998 | 144,504 | 86.1 | 11.8 | 63.1 | 25.1 | 131,701 | 83.8 | 19.0 | 54.4 | 26.7 |
| **Chicago** | | | | | | | | | | |
| 1994 | 30,119 | 85.5 | 39.9 | 54.2 | 6.0 | 26,532 | 64.3 | 57.9 | 36.2 | 6.1 |
| 1995 | 40,081 | 66.4 | 41.0 | 53.1 | 6.0 | 26,251 | 68.9 | 57.8 | 35.4 | 6.8 |
| 1996 | 30,267 | 84.9 | 35.5 | 57.4 | 7.0 | 25,744 | 73.2 | 55.0 | 38.3 | 6.7 |
| 1997 | 28,711 | 87.3 | 27.5 | 65.2 | 7.3 | 24,882 | 77.1 | 53.0 | 39.7 | 7.3 |
| 1998 | 30,008 | 79.6 | 27.7 | 64.3 | 8.0 | 22,538 | 73.7 | 42.9 | 49.7 | 7.6 |
| **Suburban Cook County** | | | | | | | | | | |
| 1994 | 25,875 | 88.1 | 13.5 | 58.7 | 28.0 | 24,693 | 82.4 | 20.1 | 49.7 | 30.4 |
| 1995 | 25,685 | 92.5 | 13.1 | 58.8 | 28.3 | 26,222 | 87.1 | 17.1 | 49.2 | 33.7 |
| 1996 | 24,963 | 93.1 | 11.5 | 56.9 | 31.6 | 27,004 | 88.3 | 18.1 | 49.1 | 32.9 |
| 1997 | 25,071 | 92.6 | 8.4 | 58.5 | 33.0 | 26,077 | 88.4 | 16.9 | 47.8 | 35.2 |
| 1998 | 26,662 | 86.6 | 9.1 | 59.8 | 31.1 | 25,701 | 83.6 | 16.2 | 50.7 | 33.1 |
| **Collar Counties**[a] | | | | | | | | | | |
| 1994 | 31,249 | 88.4 | 8.5 | 59.2 | 32.4 | 26,996 | 85.9 | 14.1 | 51.8 | 34.2 |
| 1995 | 31,290 | 93.9 | 8.3 | 59.9 | 32.0 | 29,660 | 89.7 | 12.5 | 50.7 | 36.9 |
| 1996 | 31,691 | 94.2 | 7.7 | 57.0 | 35.4 | 31,266 | 89.0 | 12.2 | 50.1 | 37.8 |
| 1997 | 32,678 | 92.8 | 6.0 | 57.0 | 36.1 | 30,971 | 89.3 | 12.7 | 49.8 | 37.5 |
| 1998 | 34,091 | 88.8 | 6.4 | 58.3 | 35.3 | 31,624 | 86.3 | 11.2 | 52.1 | 36.8 |
| **Balance of State** | | | | | | | | | | |
| 1994 | 54,930 | 88.7 | 12.7 | 65.3 | 22.1 | 50,891 | 87.3 | 19.8 | 57.7 | 22.7 |
| 1995 | 55,369 | 93.2 | 12.3 | 65.7 | 22.0 | 52,771 | 91.7 | 17.8 | 57.2 | 25.2 |
| 1996 | 54,395 | 92.7 | 11.3 | 64.2 | 24.6 | 53,704 | 92.1 | 17.7 | 57.2 | 25.2 |
| 1997 | 52,861 | 93.2 | 8.9 | 65.9 | 25.3 | 53,067 | 91.5 | 18.1 | 56.0 | 25.9 |
| 1998 | 53,743 | 87.7 | 8.5 | 67.3 | 24.2 | 51,838 | 86.9 | 16.1 | 59.4 | 24.5 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Notes:* (1) Percent not meeting, meeting, and exceeding state IGAP goals are only for those students who were tested in this subject area.
(2) Some percentages may not add up to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

## Appendix Table 5–2. Percent of Students Not Meeting, Meeting, and Exceeding State IGAP Goals in Reading, by Grade and Geographic Location, 1994–1998

| | Grade 3 | | | | | Grade 6 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** | | | | | | | | | | |
| 1994 | 157,808 | 79.3 | 25.8 | 48.7 | 25.7 | 137,233 | 88.7 | 24.7 | 48.5 | 27.0 |
| 1995 | 148,166 | 88.4 | 26.7 | 51.9 | 21.7 | 140,240 | 91.8 | 26.1 | 47.0 | 27.0 |
| 1996 | 146,592 | 88.5 | 26.5 | 51.7 | 21.8 | 145,803 | 92.0 | 31.2 | 47.3 | 21.5 |
| 1997 | 152,448 | 87.4 | 28.5 | 51.6 | 19.9 | 149,125 | 92.4 | 37.1 | 46.5 | 16.4 |
| 1998 | 157,444 | 83.0 | 28.2 | 51.0 | 20.8 | 150,787 | 86.5 | 30.0 | 49.1 | 21.0 |
| **Chicago** | | | | | | | | | | |
| 1994 | 31,394 | 76.4 | 58.4 | 34.9 | 6.8 | 29,285 | 85.1 | 48.9 | 40.5 | 10.8 |
| 1995 | 32,897 | 75.6 | 55.0 | 38.3 | 6.9 | 29,148 | 88.2 | 53.2 | 37.9 | 9.0 |
| 1996 | 32,402 | 77.6 | 54.0 | 38.8 | 7.2 | 30,634 | 88.8 | 56.7 | 35.3 | 8.1 |
| 1997 | 34,920 | 75.0 | 55.4 | 38.3 | 6.3 | 31,471 | 88.4 | 64.8 | 30.5 | 4.7 |
| 1998 | 38,660 | 73.9 | 54.3 | 39.2 | 6.5 | 33,274 | 81.7 | 54.7 | 37.6 | 7.8 |
| **Suburban Cook County** | | | | | | | | | | |
| 1994 | 25,803 | 86.9 | 20.4 | 50.1 | 29.6 | 24,233 | 88.4 | 19.5 | 49.2 | 31.5 |
| 1995 | 26,673 | 89.8 | 19.4 | 54.0 | 26.8 | 25,829 | 88.5 | 20.4 | 48.7 | 31.1 |
| 1996 | 26,484 | 89.5 | 20.6 | 53.0 | 26.5 | 26,427 | 92.9 | 25.6 | 49.2 | 25.1 |
| 1997 | 27,355 | 88.0 | 21.6 | 53.8 | 24.6 | 27,075 | 92.8 | 30.2 | 49.9 | 19.9 |
| 1998 | 28,033 | 82.7 | 21.7 | 52.8 | 25.6 | 27,453 | 86.7 | 24.3 | 51.1 | 24.6 |
| **Collar Counties[a]** | | | | | | | | | | |
| 1994 | 39,112 | 74.8 | 15.2 | 51.3 | 33.6 | 30,783 | 89.5 | 16.0 | 50.2 | 34.1 |
| 1995 | 34,561 | 90.9 | 15.8 | 55.1 | 29.3 | 32,016 | 93.7 | 16.5 | 48.7 | 34.9 |
| 1996 | 34,743 | 90.1 | 16.2 | 54.8 | 29.1 | 34,269 | 91.5 | 21.5 | 50.7 | 27.9 |
| 1997 | 36,591 | 89.9 | 17.7 | 55.1 | 27.2 | 35,120 | 93.4 | 26.7 | 51.5 | 21.8 |
| 1998 | 37,458 | 85.3 | 16.7 | 54.3 | 29.0 | 36,017 | 88.7 | 20.8 | 52.3 | 26.9 |
| **Balance of State** | | | | | | | | | | |
| 1994 | 61,499 | 80.5 | 18.7 | 53.0 | 28.4 | 52,932 | 90.4 | 19.6 | 51.3 | 29.3 |
| 1995 | 54,035 | 94.0 | 22.9 | 55.7 | 21.8 | 53,247 | 94.2 | 20.6 | 50.0 | 29.6 |
| 1996 | 52,963 | 93.7 | 21.9 | 55.7 | 22.4 | 54,473 | 93.7 | 26.3 | 50.8 | 22.9 |
| 1997 | 53,582 | 93.4 | 24.9 | 55.3 | 19.8 | 55,459 | 93.8 | 32.2 | 50.1 | 17.7 |
| 1998 | 53,293 | 88.1 | 23.4 | 55.0 | 21.6 | 54,043 | 87.7 | 24.8 | 52.4 | 22.8 |

*(continues)*

**Appendix Table 5–2 (continued)**

| | Grade 8 | | | | | Grade 10 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** | | | | | | | | | | |
| 1994 | 142,173 | 87.9 | 25.8 | 45.9 | 28.5 | 129,112 | 82.0 | 26.3 | 42.3 | 31.6 |
| 1995 | 152,425 | 86.1 | 28.3 | 51.8 | 20.0 | 134,904 | 86.2 | 31.0 | 40.7 | 28.4 |
| 1996 | 141,316 | 91.3 | 33.7 | 47.1 | 19.2 | 137,718 | 87.3 | 34.7 | 43.6 | 21.6 |
| 1997 | 139,321 | 91.6 | 34.5 | 49.7 | 15.6 | 134,997 | 87.8 | 38.4 | 45.8 | 15.8 |
| 1998 | 144,504 | 85.9 | 30.2 | 52.8 | 17.0 | 131,701 | 83.5 | 31.8 | 44.4 | 23.8 |
| **Chicago** | | | | | | | | | | |
| 1994 | 30,119 | 85.8 | 45.6 | 42.9 | 11.6 | 26,532 | 65.3 | 54.8 | 34.0 | 11.4 |
| 1995 | 40,081 | 66.4 | 51.4 | 42.3 | 6.4 | 26,251 | 71.0 | 55.8 | 33.3 | 11.0 |
| 1996 | 30,267 | 85.1 | 55.1 | 37.9 | 6.9 | 25,744 | 73.9 | 59.2 | 32.8 | 8.2 |
| 1997 | 28,711 | 87.2 | 58.0 | 37.1 | 4.9 | 24,882 | 77.7 | 63.0 | 31.5 | 5.5 |
| 1998 | 30,008 | 79.6 | 50.6 | 42.9 | 6.6 | 22,538 | 74.3 | 51.4 | 38.7 | 9.9 |
| **Suburban Cook County** | | | | | | | | | | |
| 1994 | 25,875 | 88.0 | 22.1 | 46.5 | 31.7 | 24,693 | 84.5 | 22.5 | 42.6 | 35.2 |
| 1995 | 25,685 | 92.3 | 24.1 | 54.2 | 21.9 | 26,222 | 87.0 | 25.7 | 41.5 | 32.9 |
| 1996 | 24,963 | 92.8 | 28.6 | 49.5 | 21.9 | 27,004 | 88.9 | 30.9 | 44.7 | 24.4 |
| 1997 | 25,071 | 92.3 | 30.0 | 52.1 | 18.0 | 26,077 | 88.7 | 32.7 | 47.4 | 19.8 |
| 1998 | 26,662 | 86.8 | 26.0 | 55.1 | 19.0 | 25,701 | 82.8 | 28.1 | 44.4 | 27.6 |
| **Collar Counties**[a] | | | | | | | | | | |
| 1994 | 31,249 | 88.5 | 17.0 | 45.9 | 37.4 | 26,996 | 86.0 | 16.8 | 42.4 | 40.9 |
| 1995 | 31,290 | 93.6 | 19.4 | 54.4 | 26.4 | 29,660 | 89.5 | 21.6 | 41.2 | 37.5 |
| 1996 | 31,691 | 93.6 | 24.7 | 49.6 | 25.6 | 31,266 | 89.3 | 25.9 | 46.6 | 27.5 |
| 1997 | 32,678 | 92.5 | 24.9 | 53.5 | 20.6 | 30,971 | 89.1 | 29.5 | 49.6 | 21.0 |
| 1998 | 34,091 | 88.6 | 22.5 | 55.5 | 22.0 | 31,624 | 85.8 | 23.9 | 45.3 | 30.8 |
| **Balance of State** | | | | | | | | | | |
| 1994 | 54,930 | 88.6 | 22.0 | 47.3 | 30.9 | 50,891 | 87.2 | 21.9 | 45.3 | 33.0 |
| 1995 | 55,369 | 93.2 | 23.3 | 54.2 | 22.6 | 52,771 | 91.6 | 29.2 | 43.0 | 28.0 |
| 1996 | 54,395 | 92.6 | 30.5 | 49.1 | 20.4 | 53,704 | 91.9 | 32.1 | 45.7 | 22.2 |
| 1997 | 52,861 | 93.0 | 30.5 | 52.7 | 16.9 | 53,067 | 91.3 | 36.4 | 48.5 | 15.1 |
| 1998 | 53,743 | 87.3 | 26.8 | 55.1 | 18.2 | 51,838 | 86.4 | 31.0 | 45.9 | 23.1 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Notes:* (1) Percent not meeting, meeting, and exceeding State IGAP goals are only for those students who were tested in this subject area.
(2) Some percentages may not add up to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

## Appendix Table 5-3. Percent of Students Not Meeting, Meeting, and Exceeding State IGAP Goals in Writing, by Grade and Geographic Location, 1994–1998

|  | Grade 3 |  |  |  |  | Grade 8 |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|
|  | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** |  |  |  |  |  |  |  |  |  |  |
| 1994 | 157,808 | 78.4 | 12.3 | 59.4 | 28.4 | 137,233 | 86.8 | 5.4 | 57.7 | 37.1 |
| 1995 | 148,160 | 87.6 | 14.4 | 60.0 | 25.8 | 140,240 | 90.5 | 4.9 | 52.6 | 42.7 |
| 1996 | 146,592 | 86.7 | 19.1 | 59.2 | 21.7 | 145,803 | 90.4 | 6.5 | 56.2 | 37.3 |
| 1997 | 152,448 | 85.2 | 13.8 | 61.0 | 25.2 | 149,125 | 90.5 | 6.3 | 52.3 | 41.4 |
| 1998 | 157,444 | 82.2 | 12.8 | 61.9 | 25.3 | 150,787 | 85.4 | 5.8 | 56.5 | 37.7 |
| **Chicago** |  |  |  |  |  |  |  |  |  |  |
| 1994 | 31,394 | 73.2 | 23.0 | 60.3 | 16.8 | 29,285 | 79.9 | 14.4 | 72.4 | 13.3 |
| 1995 | 32,897 | 72.8 | 26.5 | 59.2 | 14.5 | 29,148 | 85.2 | 12.4 | 67.9 | 19.9 |
| 1996 | 32,402 | 72.9 | 33.6 | 54.1 | 12.4 | 30,634 | 85.3 | 15.1 | 68.6 | 16.2 |
| 1997 | 34,920 | 70.6 | 25.7 | 59.0 | 15.3 | 31,471 | 84.5 | 14.6 | 68.4 | 17.0 |
| 1998 | 38,660 | 71.6 | 23.7 | 62.0 | 14.3 | 33,274 | 79.8 | 14.1 | 70.6 | 15.4 |
| **Suburban Cook County** |  |  |  |  |  |  |  |  |  |  |
| 1994 | 25,803 | 86.4 | 8.3 | 56.3 | 35.6 | 24,233 | 87.3 | 2.6 | 47.5 | 50.0 |
| 1995 | 26,673 | 89.2 | 9.1 | 58.3 | 32.8 | 25,829 | 87.7 | 2.6 | 41.4 | 56.2 |
| 1996 | 26,484 | 88.4 | 13.7 | 59.2 | 27.2 | 26,427 | 91.8 | 3.4 | 47.5 | 49.1 |
| 1997 | 27,355 | 86.5 | 10.3 | 59.1 | 30.7 | 27,075 | 91.2 | 3.6 | 40.7 | 55.7 |
| 1998 | 28,033 | 82.3 | 9.0 | 59.5 | 31.5 | 27,453 | 85.8 | 3.2 | 47.6 | 49.2 |
| **Collar Counties**[a] |  |  |  |  |  |  |  |  |  |  |
| 1994 | 39,112 | 74.4 | 7.9 | 57.0 | 35.2 | 30,783 | 88.6 | 2.3 | 49.3 | 48.5 |
| 1995 | 34,561 | 90.6 | 9.0 | 58.3 | 32.8 | 32,016 | 92.9 | 2.5 | 43.6 | 54.1 |
| 1996 | 34,743 | 89.3 | 12.5 | 59.8 | 27.6 | 34,269 | 90.5 | 3.2 | 47.0 | 49.9 |
| 1997 | 36,591 | 88.4 | 7.7 | 59.5 | 32.8 | 35,120 | 92.2 | 3.4 | 41.9 | 54.8 |
| 1998 | 37,458 | 84.9 | 6.1 | 59.1 | 34.9 | 36,017 | 88.0 | 2.8 | 46.2 | 51.0 |
| **Balance of State** |  |  |  |  |  |  |  |  |  |  |
| 1994 | 61,499 | 80.1 | 11.8 | 61.8 | 26.5 | 52,932 | 89.3 | 4.0 | 59.8 | 36.4 |
| 1995 | 54,035 | 93.8 | 14.4 | 62.3 | 23.6 | 53,247 | 93.2 | 3.7 | 55.4 | 41.0 |
| 1996 | 52,963 | 92.7 | 19.0 | 61.2 | 19.9 | 54,473 | 92.7 | 5.6 | 59.6 | 34.9 |
| 1997 | 53,582 | 92.0 | 13.5 | 64.0 | 22.6 | 55,459 | 92.4 | 5.0 | 56.2 | 38.8 |
| 1998 | 53,293 | 87.9 | 12.7 | 65.0 | 22.4 | 54,043 | 87.0 | 4.5 | 60.0 | 35.6 |

*(continues)*

**Appendix Table 5-3 (continued)**

| | Grade 8 | | | | | Grade 10 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding | Total Enrolled | % Tested | % Not Meeting | % Meeting | % Exceeding |
| **Illinois, Total** | | | | | | | | | | |
| 1994 | 142,173 | 86.1 | 17.9 | 56.5 | 25.8 | 129,112 | 79.0 | 50.1 | 31.6 | 18.4 |
| 1995 | 152,425 | 84.7 | 12.5 | 51.2 | 36.5 | 134,904 | 82.8 | 42.9 | 34.8 | 22.5 |
| 1996 | 141,316 | 89.7 | 14.0 | 58.2 | 27.9 | 137,718 | 84.3 | 46.7 | 34.3 | 19.0 |
| 1997 | 139,321 | 90.0 | 13.1 | 55.4 | 31.3 | 134,997 | 85.3 | 41.8 | 35.7 | 22.6 |
| 1998 | 144,504 | 84.9 | 11.5 | 59.4 | 29.1 | 131,701 | 82.1 | 41.5 | 37.6 | 20.9 |
| **Chicago** | | | | | | | | | | |
| 1994 | 30,119 | 82.3 | 37.6 | 54.2 | 8.3 | 26,532 | 56.7 | 81.4 | 15.0 | 3.8 |
| 1995 | 40,081 | 64.3 | 25.0 | 57.6 | 17.5 | 26,251 | 60.9 | 71.4 | 22.2 | 6.6 |
| 1996 | 30,267 | 82.4 | 28.2 | 59.7 | 12.1 | 25,744 | 67.9 | 73.1 | 21.5 | 5.3 |
| 1997 | 28,711 | 84.2 | 28.8 | 58.9 | 12.3 | 24,882 | 72.4 | 70.7 | 22.3 | 7.1 |
| 1998 | 30,008 | 78.1 | 24.3 | 61.2 | 14.5 | 22,538 | 71.0 | 63.7 | 28.2 | 8.1 |
| **Suburban Cook County** | | | | | | | | | | |
| 1994 | 25,875 | 87.0 | 11.5 | 55.0 | 33.7 | 24,693 | 82.4 | 39.9 | 34.1 | 26.1 |
| 1995 | 25,685 | 91.1 | 7.5 | 44.3 | 48.4 | 26,222 | 84.7 | 33.4 | 37.0 | 29.9 |
| 1996 | 24,963 | 91.8 | 8.3 | 53.7 | 37.9 | 27,004 | 85.8 | 35.8 | 37.8 | 26.5 |
| 1997 | 25,071 | 91.0 | 7.5 | 48.7 | 44.0 | 26,077 | 85.9 | 28.4 | 38.2 | 33.4 |
| 1998 | 26,662 | 85.8 | 6.9 | 54.5 | 38.6 | 25,701 | 81.9 | 32.0 | 39.4 | 28.5 |
| **Collar Counties**[a] | | | | | | | | | | |
| 1994 | 31,249 | 86.5 | 10.2 | 54.4 | 35.6 | 26,996 | 84.1 | 36.7 | 36.0 | 27.4 |
| 1995 | 31,290 | 92.7 | 7.1 | 44.4 | 48.7 | 29,660 | 87.5 | 30.0 | 37.7 | 32.6 |
| 1996 | 31,691 | 92.5 | 7.3 | 54.2 | 38.5 | 31,266 | 87.0 | 34.8 | 38.4 | 26.7 |
| 1997 | 32,678 | 91.5 | 6.8 | 49.4 | 42.9 | 30,971 | 87.5 | 29.8 | 38.7 | 31.5 |
| 1998 | 34,091 | 87.6 | 6.8 | 53.4 | 39.9 | 31,624 | 84.5 | 29.4 | 40.3 | 30.3 |
| **Balance of State** | | | | | | | | | | |
| 1994 | 54,930 | 87.5 | 15.1 | 59.4 | 25.6 | 50,891 | 86.1 | 51.0 | 34.0 | 15.2 |
| 1995 | 55,369 | 91.9 | 11.6 | 54.9 | 33.7 | 52,771 | 90.1 | 44.7 | 36.5 | 19.0 |
| 1996 | 54,395 | 91.2 | 13.3 | 61.8 | 24.9 | 53,704 | 89.8 | 49.0 | 34.9 | 16.1 |
| 1997 | 52,861 | 91.8 | 11.7 | 60.6 | 27.8 | 53,067 | 89.8 | 44.0 | 37.8 | 18.3 |
| 1998 | 53,743 | 86.6 | 10.4 | 64.7 | 25.0 | 51,838 | 85.4 | 45.3 | 38.5 | 16.3 |

*Source:* Interactive Illinois Report Card database (1998) produced by the Social Science Research Institute, Northern Illinois University. Chapin Hall staff analysis.

*Notes:* (1) Percent not meeting, meeting, and exceeding IGAP goals are only for those students who were tested in this subject area. (2) Some percentages may not add up to 100 due to rounding.

[a] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

## Chapter 6

# CHILDREN AND VIOLENCE

The issue of children and violence became a primary focus of public concern in the 1990s. During the first half of the decade, the incidence of violent crimes committed by children, often against other children, continued an upward trend begun in the mid-1980s, reaching a historic high in 1993.[1] This trend involved increases in the number of murders committed by children, often using firearms. In Chicago, the 1994 murder of 5-year-old Eric Morse by two other boys drew media attention to the issue, which included an award-winning National Public Radio documentary series. Some criminologists argued that the nation was witnessing the emergence of a class of urban juvenile sociopaths, to which the ominous term "super-predators" was attached.[2] Despite the fact that the rate of violent offenses committed by juveniles had dropped back to mid-1980s levels by 1997, a series of highly publicized shootings at elementary and high schools in Mississippi, Oregon, and Colorado continued to reinforce the perception that violence among children remained at unprecedented levels and kept the issue on the public agenda.

In this chapter, we address the topic of children's involvement with violence in Illinois over the past decade. We approach the issue from two perspectives—describing children's involvement in violence and violence-related behavior of a less serious nature, and in violent crimes, both as victims and perpetrators. Where possible, we focus on school violence. However, any exploration of the topic of violence is hampered by the limited data available at the state level—that cover both the early years of the decade, when child violence was on an upward trend, and the later portion of the decade when national data showed significant declines. For example, although the Centers for Disease Control and Prevention's Youth Risk Behavior Survey was administered to Chicago high school students every other year from 1993

*This chapter was prepared by John Dilts, Bong Joo Lee, Jolyon Wurr, Michael Weir, Clark Peters, and Jacqueline Moore.*

**Table 6–1. Percentage of High School Students Involved in Violence-Related Behavior, 1993, 1995, 1997, and 1999**

| | 1993 | 1995 | 1997 | 1999 |
|---|---|---|---|---|
| **Carried a Weapon** | | | | |
| Illinois | 22.4 | 20.9 | - | - |
| Males | 33.4 | 32.7 | - | - |
| Females | 11.5 | 9.3 | - | - |
| Chicago | 22.7 | 23.9 | 23.5 | 22.6 |
| Males | 27.6 | 31.7 | 27.2 | 29.1 |
| Females | 17.9 | 16.9 | 20.6 | 16.5 |
| **Carried a Gun** | | | | |
| Illinois | 9.3 | 7.2 | - | - |
| Males | 16.0 | 12.2 | - | - |
| Females | 2.7 | 2.2 | - | - |
| Chicago | 9.2 | 10.0 | 6.5 | 9.2 |
| Males | 15.0 | 15.9 | 11.5 | 15.9 |
| Females | 3.6 | 4.6 | 2.5 | 2.9 |
| **In a Fight** | | | | |
| Illinois | 42.7 | 38.1 | - | - |
| Males | 52.0 | 47.5 | - | - |
| Females | 33.5 | 29.0 | - | - |
| Chicago | 43.7 | 41.9 | 40.7 | 41.4 |
| Males | 52.1 | 49.6 | 46.4 | 50.0 |
| Females | 35.9 | 35.3 | 35.9 | 33.0 |
| **Injured in a Fight** | | | | |
| Illinois | 5.0 | 4.8 | - | - |
| Males | 6.7 | 5.8 | - | - |
| Females | 3.3 | 4.0 | - | - |
| Chicago | 6.6 | 8.0 | 6.9 | 6.2 |
| Males | 9.0 | 10.5 | 8.8 | 7.9 |
| Females | 4.2 | 5.9 | 5.4 | 4.4 |

*Sources:* Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, March 24, 1995. *Morbidity and Mortality Weekly Report*, 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, September 27, 1996. *Morbidity and Mortality Weekly Report*, 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, August 14, 1998. *Morbidity and Mortality Weekly Report*, 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, June 9, 2000. *Morbidity and Mortality Weekly Report*, 2000, vol. 49 (no. SS-5).

*Note:* Statewide data are not available for 1997 and 1999.

to 1999, data for students statewide is only available for 1993 and 1995. Nonetheless, the data presented here do provide baseline information on a number of indicators of violence.

## Children and Violent Behavior

Most Illinois children will never be victims of a serious violent crime, nor will they commit such an act. However, exposure to or fear of violence of a less serious nature is a reality for many children. In this section, like in the chapter on Child Health, we draw on the Youth Risk Behavior Survey, which collects data on children's experiences with violence in their everyday lives.[3]

Over the decade of the 1990s, a large and stable proportion of Chicago high school students—approximately 40 percent—reported having been in a physical fight (see Table 6–1). Whereas over one-third of Chicago girls consistently reported having been in a fight, the proportion of boys was approximately fifteen percentage points higher than girls, at around 50 percent. Only small proportions of students were injured in a fight. Across the decade, approximately one-quarter of Chicago students had carried a weapon. Although boys were more likely to have done so than girls, neither gender showed appreciable change during the period. In 1999, 15.9 percent of Chicago boys and 2.9 percent of Chicago girls reported having carried a gun, proportions similar to those for other years of the survey.

According to data for 1993 and 1995, students statewide and in Chicago show very similar patterns with regard to having been in a fight (and having been injured in a fight) and having carried a weapon.[4] For the state as a whole in 1995, 38.1 percent of students reported having been in a fight—and approximately 20 percentage points more boys than girls—but very small proportions had been injured in one. A slightly smaller proportion of boys statewide (20.9%) than in Chicago (23.9%) reported having carried a weapon, and about 8 percent more girls in Chicago (16.9%) than statewide (9.3%) reported having done so. In addition, students statewide were less likely to report having carried a gun—7.2 percent statewide versus 10 percent in Chicago in 1995.

In 1999, 12.7 percent of Chicago high school students reported that they felt unsafe going to school, approximately 5 percentage points less than in 1993 (see Table 6–2). Although about 5 percentage points more boys than girls felt unsafe going to school in 1993, this disparity had diminished by 1999. The proportion of students statewide who felt unsafe going to school was lower than in Chicago—5.8 percent versus 17 percent in 1995, respectively, and this regional distinction was seen among both boys and girls.

Proportions of Chicago students who reported having been in a fight

**Table 6–2. Percentage of High School Students Involved in Violence-Related Behavior in School, 1993, 1995, 1997, and 1999**

| | 1993 | 1995 | 1997 | 1999 |
|---|---|---|---|---|
| **Felt Unsafe to Go to School** | | | | |
| Illinois | 6.5 | 5.8 | - | - |
| Males | 6.7 | 6.4 | - | - |
| Females | 6.2 | 5.3 | - | - |
| Chicago | 17.5 | 17.0 | 13.9 | 12.7 |
| Males | 19.7 | 19.2 | 15.2 | 13.9 |
| Females | 14.9 | 15.0 | 12.6 | 11.2 |
| **Carried a Weapon on School Property** | | | | |
| Illinois | 10.2 | 8.9 | - | - |
| Males | 14.3 | 13.8 | - | - |
| Females | 6.0 | 4.1 | - | - |
| Chicago | 9.9 | 10.9 | 12.4 | 10.8 |
| Males | 10.1 | 12.9 | 12.3 | 13.2 |
| Females | 9.7 | 9.1 | 12.5 | 8.0 |
| **Threatened/Injured with a Weapon on School Property** | | | | |
| Illinois | 8.0 | 8.6 | - | - |
| Males | 10.2 | 11.0 | - | - |
| Females | 5.8 | 6.2 | - | - |
| Chicago | 12.2 | 13.3 | 12.8 | 13.8 |
| Males | 16.8 | 17.6 | 16.5 | 18.6 |
| Females | 7.6 | 9.2 | 9.7 | 8.6 |
| **In a Fight on School Property** | | | | |
| Illinois | 17.9 | 16.1 | - | - |
| Males | 24.7 | 23.4 | - | - |
| Females | 11.2 | 9.0 | - | - |
| Chicago | 18.3 | 19.1 | 17.9 | 17.9 |
| Males | 23.9 | 26.0 | 23.2 | 24.5 |
| Females | 13.0 | 13.1 | 13.6 | 11.6 |

*Sources:* Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, March 24, 1995. *Morbidity and Mortality Weekly Report*, 1995, vol. 44 (no. SS-1); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, September 27, 1996. *Morbidity and Mortality Weekly Report*, 1996, vol. 45 (no. SS-4); Centers for Disease Control and Prevention CDC *Surveillance Summaries*, August 14, 1998. *Morbidity and Mortality Weekly Report*, 1998, vol. 47 (no. SS-3); Centers for Disease Control and Prevention. CDC *Surveillance Summaries*, June 9, 2000. *Morbidity and Mortality Weekly Report*, 2000, vol. 49 (no. SS-5).

*Note:* Statewide data are not available for 1997 and 1999.

on school property, having carried a weapon on school property, or having been threatened or injured with a weapon on school property were stable across the decade, with girls generally reporting less involvement in these types of violence than boys. In 1999, 24.5 percent of Chicago boys reported having been in a fight on school property, in contrast with 11.6 percent of girls. Students statewide reported having been in a fight on school property in approximately the same proportions as Chicago students in 1995.

Students statewide were only slightly less likely than Chicago students to have carried a weapon on school property in 1995. This difference was largely due to the fact that among girls, about 5 percent fewer girls statewide reported having carried a weapon on school property than Chicago girls. In 1999, nearly one-fifth of Chicago boys were threatened or injured with a weapon while on school property, compared to 8.6 percent of girls. Fewer Illinois students reported having been threatened or injured with a weapon on school property—8.6 percent in 1995, as compared with 13.3 percent of Chicago students.

## Child Victims

Because tragic incidents involving the death of children at the hands of their peers, parents, or others have had the power to grab headlines and focus public attention, discussion of child victimization has revolved around the causes of these extreme incidents and on possible preventive strategies for them. We begin the section by discussing child mortality due to violence, and continue with a discussion of nonlethal violent crimes against children, including aggravated assault, robbery, and sexual assault.[5] We highlight the phenomenon of gun violence, and explore patterns of violence against children in different age groups, of different genders, ethnic groups, and regions of the state.

### *Violence and Child Mortality*

Nationwide, the number of homicides involving children began to grow in the late 1980s, and the majority of these deaths involved firearms.[6] By the mid-1990s, however, this trend began to reverse itself, following a pattern seen in crime generally. In Illinois, the trend has been much the same. In this section, we draw on vital records data collected by the Illinois Department of Public Health.

As Table 6–3 shows, the overwhelming majority of deaths among Illinois children as a whole are a result of illness and accidents—in 1998, across all age groups, only 6.5 percent of child deaths were due to nonaccidental injuries. In addition, children under age 15 were less likely to die from nonaccidental injuries than individuals in any age group except those over age 50 (see Figure 6–1). Children ages 5 to 9 had the lowest such mortality rate

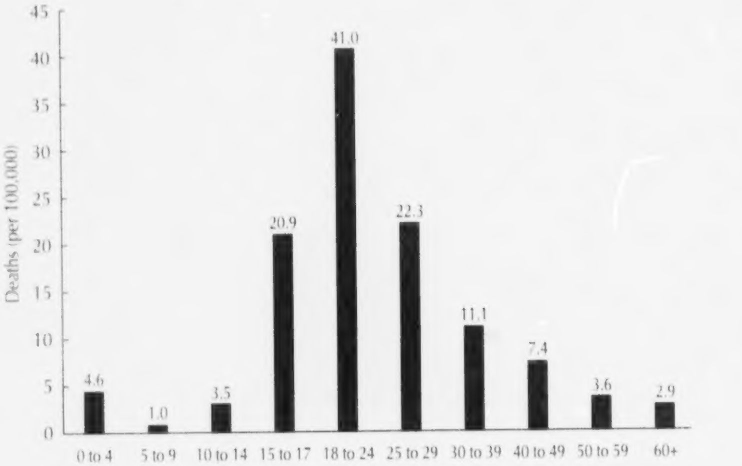
**Table 6–3. Percentage of Child Deaths in Illinois Due to Nonaccidental Injuries and All Other Causes, by Age, 1990–1998**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|
| **0 to 17** | | | | | | | | | |
| Nonaccidental injuries | 5.9 | 5.8 | 7.4 | 7.9 | 8.7 | 8.2 | 7.8 | 7.5 | 6.5 |
| All other causes | 94.1 | 94.2 | 92.6 | 92.1 | 91.3 | 91.8 | 92.2 | 92.5 | 93.5 |
| **0 to 4** | | | | | | | | | |
| Nonaccidental injuries | 1.8 | 1.8 | 2.5 | 2.0 | 2.1 | 2.6 | 2.5 | 2.5 | 1.9 |
| All other causes | 98.2 | 98.2 | 97.5 | 98.0 | 97.9 | 97.4 | 97.5 | 97.5 | 98.1 |
| **5 to 9** | | | | | | | | | |
| Nonaccidental injuries | 6.0 | 3.8 | 6.2 | 6.7 | 5.4 | 7.2 | 7.4 | 6.7 | 5.1 |
| All other causes | 94.0 | 96.2 | 93.8 | 93.3 | 94.6 | 92.8 | 92.6 | 93.3 | 94.9 |
| **10 to 14** | | | | | | | | | |
| Nonaccidental injuries | 13.1 | 13.2 | 16.7 | 15.2 | 17.6 | 15.8 | 9.6 | 9.0 | 14.1 |
| All other causes | 86.9 | 86.8 | 83.3 | 84.8 | 82.4 | 84.2 | 90.4 | 91.0 | 85.9 |
| **15 to 17** | | | | | | | | | |
| Nonaccidental injuries | 29.9 | 29.7 | 33.5 | 36.9 | 38.2 | 33.9 | 33.0 | 30.5 | 26.8 |
| All other causes | 70.1 | 70.3 | 66.5 | 63.1 | 61.8 | 66.1 | 67.0 | 69.5 | 73.2 |

*Source:* Illinois Department of Public Health, Sterilized Death Master Files, 1990–1998 Chapin Hall staff analysis.

of all age groups—1 per 100,000 children. However, children ages 15 to 17 were far more likely than younger children to fall victim to lethal violence. As Table 6–4 shows, in 1998, children ages 15 to 17 were 4 times more likely to be killed than children in the age group with the next highest rate—20.9 per 100,000 versus 4.6 per 100,000 among children ages 0 to 4. Although the mortality rates held fairly constant for the younger age groups between 1990 and 1998, the rate increased dramatically between 1990 and 1994 for children ages 15 to 17, peaking at 38.1 per 100,000 before it began a steady decline. By 1998, the rate reached 20.9 deaths per 100,000. In 1998, nonaccidental deaths for children ages 15 to 17 accounted for approximately one-

**Figure 6–1. Illinois Nonaccidental Injury Mortality Rates, by Age, 1998**



*Sources:* Illinois Department of Public Health, Sterilized Death Master File, 1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998" (Chapin Hall staff analysis).

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quarter of all deaths among the age group.

Although this pattern in age-specific mortality rates holds for children as a whole, there are strong differences between boys and girls in the same age groups. Among children under age 10, boys and girls had roughly the same likelihood of dying as a result of nonaccidental injuries from 1990 to 1998. Among children ages 10 to 14, the mortality rate for boys was generally slightly higher than that of girls (see Table 6–4). However, boys ages 15 to 17 were many times more likely to be killed than girls of the same age—5 times more likely in 1990, with a rate of 42.5 per 100,000 versus 8.5 per 100,000 for girls, and 14 times more likely in 1998, with a rate of 37.9 per 100,000 versus 2.7 per 100,000 for girls.

Children in different racial and ethnic groups faced vastly different risks of being killed before reaching adulthood. As Table 6–5 shows, white children overall had consistently lower mortality rates than Hispanic and African American children between 1990 and 1998. In 1998, white children ages 0 to 17 had a rate of 1.9 per 100,000, versus 7.0 per 100,000 for Hispanic children, and in every year from 1990 to 1998, Hispanic children were at least three

**Table 6–4. Child Mortality Rates for Nonaccidental Injuries (deaths per 100,000) in Illinois, by Age and Sex, 1990–1998**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|
| **All Children** | | | | | | | | | |
| 0 to 17 | 7.2 | 7.2 | 8.4 | 8.9 | 9.7 | 8.8 | 7.7 | 6.9 | 6.0 |
| 0 to 4 | 5.8 | 5.7 | 7.2 | 5.7 | 5.8 | 7.0 | 6.1 | 5.8 | 4.6 |
| 5 to 9 | 1.4 | 1.0 | 1.5 | 1.6 | 1.4 | 1.6 | 1.7 | 1.4 | 1.0 |
| 10 to 14 | 3.7 | 4.4 | 4.8 | 4.7 | 5.6 | 5.2 | 2.5 | 2.4 | 3.5 |
| 15 to 17 | 25.9 | 26.4 | 29.2 | 34.9 | 38.1 | 30.4 | 29.1 | 25.1 | 20.9 |
| **Female** | | | | | | | | | |
| 0 to 17 | 3.7 | 4.2 | 3.6 | 4.4 | 3.6 | 4.6 | 4.2 | 3.7 | 2.9 |
| 0 to 4 | 5.4 | 5.3 | 5.5 | 5.5 | [illegible].6 | 6.3 | 7.2 | 4.3 | 4.7 |
| 5 to 9 | 1.4 | 1.1 | 0.6 | 2.0 | 0.3 | 1.4 | 1.3 | 1.3 | 0.5 |
| 10 to 14 | 1.5 | 2.8 | 2.5 | 2.2 | 3.6 | 3.3 | 0.8 | 1.4 | 3.6 |
| 15 to 17 | 8.5 | 10.1 | 7.5 | 10.4 | 9.7 | 9.4 | 9.6 | 10.8 | 2.7 |
| **Male** | | | | | | | | | |
| 0 to 17 | 10.5 | 10.1 | 12.9 | 13.2 | 15.4 | 12.8 | 11.0 | 9.8 | 8.9 |
| 0 to 4 | 6.2 | 6.1 | 8.7 | 6.0 | 7.9 | 7.7 | 5.1 | 7.2 | 4.5 |
| 5 to 9 | 1.3 | 0.8 | 2.4 | 1.3 | 2.4 | 1.8 | 2.0 | 1.5 | 1.5 |
| 10 to 14 | 5.8 | 5.9 | 6.9 | 7.1 | 7.6 | 7.1 | 4.2 | 3.4 | 3.4 |
| 15 to 17 | 42.5 | 41.7 | 49.5 | 57.9 | 64.7 | 50.2 | 47.3 | 38.6 | 37.9 |

*Sources:* Illinois Department of Public Health, Sterilized Death Master Files, 1990–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998" (Chapin Hall staff analysis).

**Table 6–5. Child Mortality Rates for Nonaccidental Injuries (deaths per 100,000) in Illinois, by Age and Race, 1990–1998**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|
| **African American** | | | | | | | | | |
| 0 to 17 | 22.0 | 26.3 | 28.1 | 28.6 | 33.6 | 25.4 | 22.0 | 18.0 | 16.5 |
| 0 to 4 | 18.5 | 18.3 | 17.7 | 16.0 | 16.4 | 16.4 | 13.6 | 14.7 | 14.1 |
| 5 to 9 | 4.1 | 4.1 | 6.9 | 3.4 | 4.0 | 3.2 | 4.9 | 3.6 | 1.2 |
| 10 to 14 | 10.3 | 19.4 | 16.6 | 15.8 | 21.9 | 12.1 | 6.7 | 4.0 | 8.6 |
| 15 to 17 | 77.1 | 91.5 | 105.4 | 120.2 | 138.8 | 102.8 | 91.7 | 71.9 | 62.6 |
| **Hispanic** | | | | | | | | | |
| 0 to 17 | 10.6 | 5.6 | 8.1 | 7.8 | 8.5 | 10.1 | 9.2 | 8.4 | 7.0 |
| 0 to 4 | 1.9 | 4.6 | 4.3 | 2.5 | 2.3 | 3.0 | 5.0 | 2.7 | 0.7 |
| 5 to 9 | 2.2 | 0.0 | 0.0 | 1.0 | 1.0 | 1.8 | 2.6 | 0.8 | 1.5 |
| 10 to 14 | 6.0 | 0.0 | 5.5 | 3.2 | 6.1 | 7.9 | 3.8 | 4.6 | 4.5 |
| 15 to 17 | 51.8 | 27.6 | 35.6 | 39.6 | 39.8 | 44.5 | 38.9 | 40.3 | 34.9 |
| **White** | | | | | | | | | |
| 0 to 17 | 1.7 | 1.6 | 2.1 | 2.5 | 1.7 | 2.8 | 1.9 | 2.2 | 1.9 |
| 0 to 4 | 2.7 | 1.9 | 4.2 | 3.0 | 2.4 | 4.3 | 3.2 | 2.9 | 2.2 |
| 5 to 9 | 0.4 | 0.2 | 0.0 | 1.1 | 0.4 | 1.1 | 0.4 | 0.9 | 0.9 |
| 10 to 14 | 0.9 | 0.4 | 0.8 | 1.7 | 0.6 | 2.5 | 0.4 | 1.3 | 1.5 |
| 15 to 17 | 3.8 | 5.4 | 4.2 | 5.7 | 4.9 | 4.0 | 4.7 | 4.6 | 3.6 |

*Sources:* Illinois Department of Public Health, Sterilized Death Master Files, 1990–1998 (Chapin Hall staff analysis); U.S. Census Bureau, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998" (Chapin Hall staff analysis).

times more likely to be killed than were white children. At the same time, African American children overall were consistently at least 2 times more likely than Hispanic children and 8 times more likely than white children to die as a result of violence. In 1998, African American children ages 0 to 17 had a mortality rate of 16.5 per 100,000 versus 7.0 per 100,000 for Hispanic children and 1.9 per 100,000 for white children.

Equally striking differences are evident when children of different racial and ethnic backgrounds are compared within age groups. Whereas white and Hispanic children under age 10 had similar mortality rates due to violence, the rates for Hispanic children ages 15 to 17 were much higher than those of whites—34.9 per 100,000 for Hispanic children ages 15 to 17 versus 3.6 per 100,000 for white children in 1998. African American children faced greater risk of death from violence in every age group than either whites or Hispanics. These differences were especially pronounced among the youngest and oldest age groups. In 1998, African American children ages 0 to 4 had a nonaccidental injury mortality rate of 14.1 per 100,000, versus 0.7 per 100,000 for Hispanic children and 2.2 per 100,000 for white children, and those ages 15 to 17 had a rate of 62.6 per 100,000, versus 34.9 per 100,000 for Hispanic children and 3.6 per 100,000 for white children. However, the mortality rates for both Hispanic and African American children in 1998 were lower than in 1990 across age groups, while rates for white children were more or less constant over this period.

As Table 6–6 shows, 67.5 percent of the deaths among Illinois children in 1998 resulting from intentionally inflicted injuries were attributed to shootings. The great majority of these—82.7 percent—involved firearms other than handguns (see Figure 6–2). However, children of different ages faced different risks. Over 52 percent of nonaccidental deaths among children ages 0 to 4 were attributed to abuse, while only 8.8 percent involved firearms. In the three other age groups, much smaller proportions of child deaths were due to abuse, while other causes were more prevalent. Among children ages 10 to 14 and 15 to 17, the large majority of the deaths in 1998 caused by violent acts involved firearms—85 and 87 percent respectively.

**Table 6–6. Percentage of Child Nonaccidental Injury Deaths in Illinois, by Age and Cause, 1990–1998**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|
| **0 to 17** | | | | | | | | | |
| Firearm assault | 65.2 | 62.3 | 67.7 | 72.3 | 73.9 | 65.4 | 69.0 | 69.7 | 67.5 |
| Abuse | 9.6 | 11.5 | 13.9 | 11.3 | 11.5 | 12.5 | 14.8 | 13.3 | 11.7 |
| Other assault | 25.1 | 26.2 | 18.4 | 16.4 | 14.6 | 22.1 | 16.2 | 17.0 | 20.9 |
| **0 to 4** | | | | | | | | | |
| Firearm assault | 4.5 | 6.8 | 12.5 | 6.7 | 6.5 | 3.6 | 8.5 | 9.1 | 8.8 |
| Abuse | 31.8 | 50.0 | 53.6 | 57.8 | 58.7 | 52.7 | 59.6 | 50.0 | 52.9 |
| Other assault | 63.6 | 43.2 | 33.9 | 35.6 | 34.8 | 43.6 | 31.9 | 40.9 | 38.2 |
| **5 to 9** | | | | | | | | | |
| Firearm assault | 10.0 | 14.3 | 54.5 | 75.0 | 50.0 | 41.7 | 46.2 | 36.4 | 25.0 |
| Abuse | 40.0 | 0.0 | 9.1 | 8.3 | 30.0 | 8.3 | 23.1 | 27.3 | 12.5 |
| Other assault | 50.0 | 85.7 | 36.4 | 16.7 | 20.0 | 50.0 | 30.8 | 36.4 | 62.5 |
| **10 to 14** | | | | | | | | | |
| Firearm assault | 80.8 | 84.4 | 85.7 | 88.6 | 85.7 | 66.7 | 100.0 | 72.2 | 84.6 |
| Abuse | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other assault | 19.2 | 15.6 | 14.3 | 11.4 | 14.3 | 33.3 | 0.0 | 27.8 | 15.4 |
| **15 to 17** | | | | | | | | | |
| Firearm assault | 91.6 | 81.5 | 89.3 | 88.4 | 91.4 | 92.5 | 88.5 | 95.7 | 87.4 |
| Abuse | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other assault | 8.4 | 18.5 | 10.7 | 11.6 | 8.6 | 7.5 | 11.5 | 4.3 | 12.6 |

*Sources:* Illinois Department of Public Health, Sterilized Death Master Files, 1990–1998 (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Annual Time Series of State Population Estimates, by Age, Sex, Race, and Hispanic Origin, 1990–1998" (Chapin Hall staff analysis).

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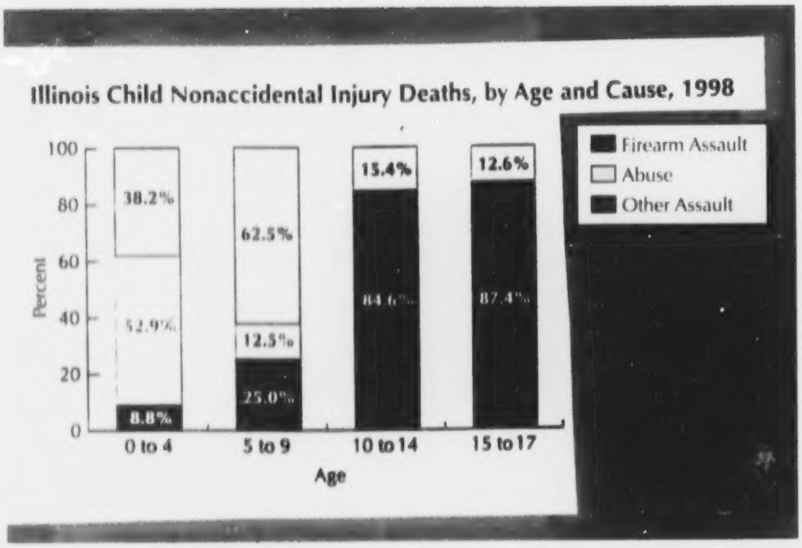
### *Other Violent Crimes*

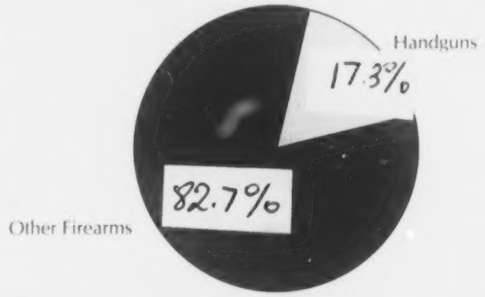
A lack of statewide data on incidents of aggravated assault, robbery, and sexual assault hampers discussion of trends in child victimization due to such crimes. However, Chicago Police Department data on incidents of violent crime during the 1990–1997 period do permit such trends to be outlined for the city. Despite the fact that other areas of the state no doubt vary considerably from the city of Chicago, the following discussion provides an initial view of a topic that has received little analysis.

By far, the most prevalent violent crime in which children are victimized is aggravated assault. In 1997, the incidence of aggravated assault involving children ages 0 to 17 in Chicago was 701.6 per 100,000 children—almost 2 times higher than the risk of robbery, 8 times higher than the risk of sexual assault, and 43 times higher than the risk of homicide (see Table 6–7). However, following overall trends in crime, the incidence of aggravated assault in Chicago fell 16 percent between 1990 and 1997. The rate of robbery involving child victims fell 31 percent, from 600.2 per 100,000 children to 413.3 per 100,000, and the rate of sexual assault involving child victims fell 37 percent, from 137 per 100,000 to 85.7 per 100,000.


**Illinois Child Nonaccidental Injury Deaths, by Age and Cause, 1998**

Despite widespread concern over violence in schools, the data on child victimization in violent crimes show that schools are among the safest places for children. The overwhelming majority of aggravated assaults, robberies, sexual assaults, and homicides involving child victims occur in places other than schools. As Table 6–8 shows, in 1997, only 7.6 percent of aggravated assaults, 3.7 percent of robberies, 3 percent of sexual assaults,

**Figure 6–2. Proportion of Illinois Child Firearm Assault Deaths Involving Handguns and Other Firearms, 1998**



*Source:* Illinois Department of Public Health, Sterilized Death Master File, 1998. Chapin Hall staff analysis.

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**Table 6–7. Chicago Violent Crime Incidents Involving Victims Ages 0 to 17 (rates per 100,000), 1990–1997**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
|---|---|---|---|---|---|---|---|---|
| Homicide | 17.6 | 17.1 | 19.6 | 21.2 | NA | 20.1 | 19.9 | 16.5 |
| Sexual assault | 137.0 | 114.0 | 114.0 | 102.3 | NA | 99.6 | 102.4 | 85.7 |
| Robbery | 600.2 | 573.4 | 507.6 | 482.8 | NA | 488.2 | 422.0 | 413.3 |
| Aggravated assault | 833.5 | 855.7 | 801.8 | 782.1 | NA | 761.8 | 728.9 | 701.6 |

*Sources:* Chicago Police Department Criminal Incident Data 1990–1997 (Chapin Hall staff analysis); Chapin Hall, Chicago Child Population, by Age, 1990–1997.

*Note:* Data were not available from the Chicago Police Department for 1994.

and 0.8 percent of homicides involving child victims in Chicago took place on school grounds. These levels were virtually unchanged between 1990 and 1997. In 1997, 78.1 percent of child homicides occurred in public places (excluding schools), and 21.1 percent occurred in residences, down from 27.6 percent in 1990. Similarly, 73.8 percent of aggravated assaults involving child victims occurred in public places other than schools, and 18.6 percent occurred in residences. In contrast, 60.9 percent of sexual assaults of Chicago children occurred in residences and 36.1 percent occurred in public places.

Robberies involving child victims occurred almost exclusively in public places.

> *...the data on child victimization in violent crimes show that schools are among the safest places for children. The overwhelming majority of aggravated assaults, robberies, sexual assaults, and homicides involving child victims occur in places other than schools.*

## Child Offenders

Nationwide, violent crime involving children as perpetrators peaked in the early 1990s, and has declined significantly since then, following general trends in crime for the population as a whole.[7] Unfortunately, statewide data on such offenses are not available for Illinois for the last half of the 1990s. However, information on arrests of children for acts of violence from 1985 to 1995 has been collected by the Illinois Criminal Justice Information Authority. When reporting arrest data, it is important to note certain limitations. There are, of course, many crimes for which no arrest is made, and not all people arrested for a crime are convicted. In addition, differences in arrest rates seen across geographical areas may reflect differences in law enforcement resources and practices as well as underlying disparities in levels of crime. We present this data

**Table 6–8. Percentage of Chicago Violent Crime Incidents Involving Victims Ages 0 to 17, By Location of Crime, 1990–1997**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
|---|---|---|---|---|---|---|---|---|
| **Homicide** | | | | | | | | |
| School | 0.0 | 0.8 | 1.4 | 0.0 | - | 0.7 | 0.0 | 0.8 |
| Residence | 27.6 | 32.8 | 27.2 | 21.3 | - | 23.2 | 20.4 | 21.1 |
| Other | 72.4 | 66.4 | 71.4 | 78.8 | - | 76.2 | 79.6 | 78.1 |
| **Sexual Assault** | | | | | | | | |
| School | 2.6 | 3.6 | 2.2 | 2.6 | - | 2.8 | 2.6 | 3.0 |
| Residence | 62.3 | 58.0 | 62.3 | 63.3 | - | 59.4 | 62.4 | 60.9 |
| Other | 35.1 | 38.4 | 35.4 | 34.1 | - | 37.8 | 35.0 | 36.1 |
| **Robbery** | | | | | | | | |
| School | 2.8 | 3.5 | 2.8 | 2.7 | - | 2.7 | 3.5 | 3.7 |
| Residence | 4.4 | 4.5 | 5.2 | 4.9 | - | 4.6 | 5.5 | 5.1 |
| Other | 92.7 | 92.0 | 92.0 | 92.3 | - | 92.7 | 91.0 | 91.1 |
| **Aggravated Assault** | | | | | | | | |
| School | 6.6 | 6.6 | 6.5 | 6.5 | - | 6.7 | 6.9 | 7.6 |
| Residence | 16.9 | 17.3 | 17.3 | 18.1 | - | 19.4 | 21.3 | 18.6 |
| Other | 76.5 | 76.1 | 76.2 | 75.4 | - | 73.9 | 71.8 | 73.8 |

*Sources:* Chicago Police Department Criminal Incident Data 1990–1997 (Chapin Hall staff analysis); Chapin Hall, Chicago Child Population, by Age, 1990–1997.

*Note:* Data were not available from the Chicago Police Department for 1994.

with the intent of outlining what is known about trends in children's involvement in violent crime as perpetrators in Illinois. We expect that further data will show that Illinois has followed the national pattern and that child violent offenses decreased over the second half of the 1990s.

Nationwide, arrests of children ages 5 to 16 for violent crimes increased steadily between 1985 and 1995, from 127 per 100,000 youth in that age group to 187.9 per 100,000 (see Table 6–9). Over the same period, the violent crime arrest rate for Illinois children in this age group rose from 191.3 per 100,000 Illinois youth to 376.2 per 100,000, a 97 percent increase. The actual number of Illinois children arrested in connection with violent crime in 1995 was 7,671 children, or less than one-half of 1 percent of the child population of the state. In the next sections, we look in detail at each category included in law enforcement's violent crime index: homicide, criminal sexual assault, aggravated assault, and robbery.

### *Homicide*

In Illinois, the number of children ages 5 to 16 arrested for murder increased steadily from 1985 to 1995, from 1.1 per 100,000 to 3.5 per 100,000, closely paralleling the trend in national rates (see Table 6–10).

Table 6–9. Violent Crime Arrests for Children Ages 5 to 16, 1985, 1990, and 1995

| | Number | | | Rate[a] | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| U.S. | 52,386 | 65,208 | 85,611 | 127.0 | 156.0 | 187.9 |
| Illinois | 3,939 | 5,050 | 7,671 | 191.3 | 261.3 | 376.2 |
| Cook (total) | 3,032 | 3,865 | 5,534 | 334.1 | 466.6 | 668.4 |
| Cook (suburban) | 422 | 465 | 1,310 | 104.2 | 133.2 | 376.5 |
| Chicago | 2,610 | 3,400 | 4,224 | 519.2 | 727.7 | 880.1 |
| Collar counties[b] | 264 | 287 | 669 | 68.4 | 74.4 | 149.2 |
| Balance of state | 633 | 886 | 1,460 | 82.7 | 121.3 | 191.5 |

*Sources*: Illinois Criminal Justice Information Authority, "Juvenile Violent Index Arrests 1985–1995"; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Government Printing Office, 1980 Census of Population, Vol. 1, *Characteristics of Population*. General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; City of Chicago, Department of Planning, "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; City of Chicago, Department of Planning, "Population Forecasts by Age and Race, City of Chicago: 1990–2020" (Chapin Hall staff analysis).

[a] Rates are per 100,000 juvenile population ages 5 to 16.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

Most of the increase in the homicide arrest rate in those years can be attributed to murders in Chicago—43 of the 71 juvenile homicide arrests in 1995 occurred in Chicago, and the homicide arrest rate for the 5-to-16-year-old age group in Chicago increased from 3 per 100,000 in 1985 to 9 per 100,000 in 1995. These patterns are also reflected in trends nationwide. In 1989, for the first time, 14-to-17-year-olds nationwide committed more murders than 25-to-34-year-olds.[8]

### Criminal Sexual Assault

In contrast to homicide arrest rates, the Illinois arrest rate for criminal sexual assaults committed by children ages 5 to 16 was more than twice as high as the nation as a whole. In 1995, Illinois saw a rate of 14.8 per 100,000 (see Table 6–11) while nationwide the rate was 7 per 100,000. Nonetheless, Illinois's rate has fallen dramatically since the mid-1980s, as have rates nationwide. Nearly all geographic areas of the state saw a decrease between 1985 and 1995 in criminal sexual assault arrest rates for this age group, with Chicago's decline the most marked—from 72.8 in 1985 to 30.8 in 1995. Suburban Cook County remains the exception, with a rise in sexual assault arrest rates from 4 per 100,000 in 1985 to 15.5 in 1995. The arrest rate in Chicago in 1995 was much higher than that in the balance of the state; in that year half of all Illinois arrests for criminal sexual assault occurred in Chicago.

### Aggravated Assault

Aggravated assault arrest rates for children ages 5 to 16 rose precipi-

### Table 6–10. Homicide Arrests for Children Ages 5 to 16, 1985, 1990, and 1995

| | Number | | | Rate[a] | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| U.S. | 772 | 1499 | 1554 | 1.87 | 3.59 | 3.41 |
| Illinois | 22 | 54 | 71 | 1.07 | 2.79 | 3.48 |
| Cook (total) | 19 | 33 | 59 | 2.09 | 3.98 | 7.13 |
| Cook (suburban) | 4 | 9 | 16 | 0.99 | 2.58 | 4.6 |
| Chicago | 15 | 24 | 43 | 2.98 | 5.14 | 8.9 |
| Collar counties[b] | 2 | 7 | 8 | 0.52 | 1.81 | 1.78 |
| Balance of state | 1 | 4 | 14 | 0.13 | 0.55 | 0.52 |

*Sources:* Illinois Criminal Justice Information Authority, "Juvenile Violent Index Arrests 1985–1995"; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Government Printing Office, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; City of Chicago, Department of Planning, "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; City of Chicago, Department of Planning, "Population Forecasts by Age and Race, City of Chicago: 1990–2020" (Chapin Hall staff analysis).

[a] Rates are per 100,000 juvenile population ages 5 to 16.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

### Table 6–11. Criminal Sexual Assault Arrests for Children Ages 5 to 16, 1985, 1990, and 1995

| | Number | | | Rate[a] | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| U.S. | 3,639 | 3,482 | 3,181 | 8.8 | 8.3 | 7.0 |
| Illinois | 486 | 416 | 302 | 23.6 | 21.5 | 14.8 |
| Cook (total) | 382 | 288 | 202 | 42.1 | 34.8 | 24.4 |
| Cook (suburban) | 16 | 37 | 54 | 4.0 | 10.6 | 15.5 |
| Chicago | 366 | 251 | 148 | 72.8 | 53.7 | 30.8 |
| Collar counties[b] | 27 | 23 | 30 | 7.0 | 6.0 | 6.7 |
| Balance of state | 77 | 105 | 70 | 10.1 | 14.4 | 9.2 |

*Sources:* Illinois Criminal Justice Information Authority, "Juvenile Violent Index Arrests 1985–1995"; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Government Printing Office, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; City of Chicago, Department of Planning, "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; City of Chicago, Department of Planning, "Population Forecasts by Age and Race, City of Chicago: 1990–2020" (Chapin Hall staff analysis).

[a] Rates are per 100,000 juvenile population ages 5 to 16.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

tously across the state from 1985 to 1995, from 84.8 per 100,000 to 262.9 per 100,000, a 210 percent increase (see Table 6–12). As with the other violent crime index offenses, a significant part of the increase can be attributed to crimes occurring in Chicago and suburban Cook County. At 571.9 per 100,000 juveniles in 1995, aggravated assault arrest rates in Chicago were higher than any other region of the state. Also

**Table 6–12. Aggravated Assault Arrests for Children Ages 5 to 16, 1985, 1990, and 1995**

| | Number | | | Rate[a] | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| U.S. | 21,533 | 23,814 | 32,920 | 64.1 | 87.1 | 105.3 |
| Illinois | 1,746 | 2,450 | 5,361 | 84.8 | 126.8 | 262.9 |
| Cook (total) | 1,125 | 1,604 | 3,599 | 124.0 | 193.6 | 434.7 |
| Cook (suburban) | 268 | 251 | 854 | 66.2 | 71.9 | 245.5 |
| Chicago | 857 | 1,353 | 2,745 | 170.5 | 289.6 | 571.9 |
| Collar counties[b] | 196 | 234 | 559 | 50.7 | 60.6 | 124.6 |
| Balance of state | 425 | 612 | 1,203 | 55.6 | 83.8 | 157.8 |

*Sources:* Illinois Criminal Justice Information Authority, "Juvenile Violent Index Arrests 1985–1995"; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Government Printing Office, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; City of Chicago, Department of Planning, "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; City of Chicago, Department of Planning, "Population Forecasts by Age and Race, City of Chicago: 1990–2020" (Chapin Hall staff analysis).

[a] Rates are per 100,000 juvenile population ages 5 to 16.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

notable is the increase in suburban Cook County, from 66.2 in 1985 to 245.5 per 100,000 in 1995, an increase of 271 percent. The balance of the state experienced a 184 percent increase in juvenile aggravated assault arrests during this time.

### *Robbery*

Although the juvenile robbery arrest rate increased nationwide between 1985 and 1995, Illinois saw a decline between 1990 and 1995 (see Table 6–13). Trends in juvenile arrests for robbery since the mid-1980s in Illinois have varied by geographic region. After reaching a peak of 379.3 in 1990, Chicago's robbery arrest rate fell 29 percent, to 268.4 per 100,000 in 1995. At the same time, the robbery arrest rate in suburban Cook County increased by 131 percent from 1990 to 1995. Chicago and suburban Cook County together account for 86 percent of such arrests in 1995. The collar counties (DuPage, Kane, Lake, McHenry, and Will), and the balance of the state saw increases of approximately 40 percent in the robbery arrest rate for children ages 5 to 16 between 1985 and 1995.

## Gangs and Violence

Youth gangs have occupied a prominent place in discussions of children and violence. However, documenting the nature and extent of children's involvement in or exposure to violence due to street gangs has proved difficult. A lack of standardized reporting practices among law enforcement agencies and the fundamental difficulty of consistently defining a gang, gang

**Table 6–13: Robbery Arrests for Children Ages 5 to 16, 1985, 1990, and 1995**

| | Number | | | Rate[a] | | |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1985 | 1990 | 1995 |
| U.S. | 26,442 | 36,413 | 47,956 | 52.2 | 57.0 | 72.3 |
| Illinois | 1,685 | 2,130 | 1,937 | 81.8 | 110.2 | 95.0 |
| Cook (total) | 1,506 | 1,940 | 1,674 | 165.9 | 234.2 | 202.2 |
| Cook (suburban) | 134 | 168 | 386 | 33.1 | 48.1 | 110.9 |
| Chicago | 1,372 | 1,772 | 1,288 | 272.9 | 379.3 | 268.4 |
| Collar counties[b] | 49 | 35 | 80 | 12.7 | 9.1 | 17.8 |
| Balance of state | 130 | 155 | 183 | 17.0 | 21.2 | 24.0 |

*Sources:* Illinois Criminal Justice Information Authority, "Juvenile Violent Index Arrests 1985–1995"; U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989"; U.S. Government Printing Office, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; City of Chicago, Department of Planning, "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; City of Chicago, Department of Planning, "Population Forecasts by Age and Race, City of Chicago: 1990–2020" (Chapin Hall staff analysis).

[a] Rates are per 100,000 juvenile population ages 5 to 16.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

members, and gang crime limits our ability to estimate with confidence the overall shape and magnitude of the gang problem. Nevertheless, gang data for the city of Chicago are widely recognized as among the best available, making gang activity better understood in Illinois than in most other states. Here, we report data on Illinois gangs based on three sources: the 1995 National Youth Gang Survey (NYGS), an Illinois Criminal Justice Information Authority survey that built on the 1995 NYGS, and gang and homicide data from the Chicago Police Department.

In the 1995 National Youth Gang Survey, 196 Illinois law enforcement jurisdictions reported a total of 1,363 gangs and 75,226 gang members, ranking Illinois, along with California and Texas, as one of the three states with the largest gang problem. Like most other large cities, Chicago is beset by chronic gang problems. Youth gangs have also been identified in many small to medium-sized cities in Illinois, and a small number of rural areas have also reported the presence of gangs. There is some indication that the extension of youth gangs to rural areas is a recent phenomenon, perhaps dating to the early 1990s.[9]

Gang involvement in the drug trade is a common concern. Nearly two-thirds of respondents to the Illinois survey indicated that the youth gangs in their jurisdictions were "heavily involved" in drug sales, and a total of 2,239 drug sales or drug manufacture arrests were reported for 1995 in Illinois. The connection between gangs and drug sales is less consistent than is commonly believed, however. A sizable proportion (37%) of the Illinois agencies surveyed reported that youth gangs were not heavily involved in drug sales.[10] Similarly, although gangs and drugs are often equated with violence, drug-related gang offenses are less likely to involve violence than are turf-related gang offenses. In Chicago, only 2 percent of the 1,984 gang-related homicides between 1965 and 1994 involved a drug motive.

Regardless of its source, violence perpetrated by gang members is a major public concern. For the city of Chicago, data on gangs and violence—especially homicide—are far more detailed and reliable than the data available for the rest of Illinois. Of the 22,985 homicides in Chicago between 1965 and 1994, 8.6 percent were gang related, and the problem has worsened over time. In 1975, 2 percent of 822 homicides were gang related, whereas by 1994, 26 percent of 916 homicides were gang related.[11]

Between 1987 and 1994, 74.7 percent of the 956 gang related homicides occurred in conflict between members of different gangs, 103 gang members (10.8%) were killed by members of their own gang, and 138 nongang members were victims of gang related homicides (59% of whom were bystanders).[12] That such gang violence is likely to occur near the home of an offending gang member underlines the danger that gangs pose to the communities in which they live.

Recent years have seen an increase in concern over a possible trend toward younger, more violent gang offenders. In Chicago between 1965 and 1994, 64 percent of the offenders in gang related homicides were between ages 15 and 19, and within that age bracket the older teens predominated.[13] However, between the first half of the 1980s and the first half of the 1990s, the proportion of lethal violence committed by 10-to-14-year-olds, while still only a very small amount of the total, increased. Even though the ages at which offenses are committed have not changed much, the increased use of more lethal firearms (especially semi- or fully automatic weapons) helps explain the increase in lethal violence by children. Over the same period, the proportion of nonlethal violent offenses by gang members under age 18 declined slightly, from 60.1 percent in 1987 to 57.1 percent in 1994. Although the proportion of offenders ages 15 to 17 decreased from 49.8 to 44.2, the proportion ages 10 to 14 increased from 10.3 to 12.9.[14]

Another trend that has recently garnered attention in the popular and scholarly press concerns girls and gangs. Nearly one-fourth of the reporting Illinois jurisdictions indicated the existence of female gangs.[15] National estimates show that between 5 and 10 percent of gang members are female, and a very small proportion of gangs are entirely female, independent gangs.[16] Although the Chicago data do not estimate the number of female gang members, only 36 of the 3,370 (1%) gang-related homicide offenders between 1965 and 1994 were female, and many of these crimes also involved a male co-offender. On the other hand, females were much more likely to be the victims than the perpetrators of the incidents, with 99 female victims among the 1,984 (5%) gang related homicide victims in the same period.[17]

## NOTES

1 Snyder, H., and Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (p. 62). Washington, DC: National Center for Juvenile Justice.

2 Bennett, W. J., DiIulio, J. J., and Walters, J. P. (1996). *Body count: Moral poverty—and how to win America's war on crime and drugs.* New York: Simon and Schuster.

3 The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-risk behaviors among youth and young adults, including injury-related behavior, drug, alcohol, and tobacco use, sexual behavior, physical activity, and dietary behavior. The YRBSS includes a national school-based survey conducted by CDC as well as comparable state and local surveys conducted by education and health agencies. The surveys utilize multistage sampling methods to obtain representative samples of students in grades 9–12.

4 The Youth Risk Behavior Survey samples students from states and selected metropolitan areas separately. Thus, the term "statewide" refers to students for the state as a whole, including Chicago.

5 Aggravated assault refers to incidents in which serious bodily harm is either threatened or caused. Sexual assault includes all sexual assaults—both completed and attempted, aggravated and non-aggravated.

6 Snyder, H., and Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (p. 17). Washington, DC: National Center for Juvenile Justice.

7 Snyder, H., and Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (p. 52). Washington, DC: National Center for Juvenile Justice.

8 Fox, J. A., & Zawitz, M. W. (1998). *Homicide trends in the United States.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

9 Carr, A., Block, C. R., & Griffiths, K. (1998). *Gangs and gang activity in Illinois: An overview of the 1995 national youth gang center survey, and a summary of the 1996 interviews conducted by the Illinois Criminal Justice Information Authority.* Chicago: Illinois Criminal Justice Information Authority.

10 Carr, A., Block, C. R., & Griffiths, K. (1998). *Gangs and gang activity in Illinois: An overview of the 1995 national youth gang center survey, and a summary of the 1996 interviews conducted by the Illinois Criminal Justice Information Authority.* Chicago: Illinois Criminal Justice Information Authority.

11 Block, C. R., Christakos, A., Jacob, A., & Przybylski, R. (1996). *Street gangs and crime: Patterns and trends in Chicago. A special report to the Governor's Commission on gangs in Illinois.* Chicago: Illinois Criminal Justice Information Authority.

12 Block, C. R., Christakos, A., Jacob, A., & Przybylski, R. (1996). *Street gangs and crime: Patterns and trends in Chicago. A special report to the Governor's Commission on gangs in Illinois.* Chicago: Illinois Criminal Justice Information Authority.

13 Block, C. R., Christakos, A., Jacob, A., & Przybylski, R. (1996). *Street gangs and crime: Patterns and trends in Chicago. A special report to the Governor's Commission on gangs in Illinois.* Chicago: Illinois Criminal Justice Information Authority.

14 Block, C. R., Christakos, A., Jacob, A., & Przybylski, R. (1996). *Street gangs and crime: Patterns and trends in Chicago. A special report to the Governor's Commission on gangs in Illinois.* Chicago: Illinois Criminal Justice Information Authority.

15 Carr, A., Block, C. R., & Griffiths, K. (1998). *Gangs and gang activity in Illinois: An overview of the 1995 national youth gang center survey, and a summary of the 1996 interviews conducted by the Illinois Criminal Justice Information Authority.* Chicago: Illinois Criminal Justice Information Authority.

16 Curry, G. D., Ball, R. A., and Fox, R. J. (1994). *Gang crime and law enforcement record-keeping.* Washington, DC: National Institute of Justice; Miller, W. B. (1975). *Violence by youth gangs and youth groups as a crime problem in major American cities.* Washington, DC: U.S. Government Printing Office; Miller, W. B. (1982). *Crime by youth gangs and youth groups in the United States.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice; Spergel, I., & Curry, G. D. (1993). The national youth gang survey: A research and development process. In A. Goldstein & C. R. Huff (Eds.), *Gang intervention handbook.* Champaign-Urbana, IL: Research Press.

17 Block, C. R., Christakos, A., Jacob, A., and Przybylski, R. (1996). *Street gangs and crime: Patterns and trends in Chicago. A special report to the Governor's Commission on gangs in Illinois.* Chicago: Illinois Criminal Justice Information Authority.

## CHAPTER 7

# CHILD WELFARE

For more than a decade, Illinois foster care caseloads climbed and children's stays in substitute care lengthened, until 1996, when the caseloads began a period of decline that continued through 2000. Illinois mirrored many of the same trends experienced in other states with large urban populations. In the mid-1980s and early 1990s, Illinois saw substantial increases in the numbers of children reported and indicated for abuse or neglect, a gradual increase in the number of children entering foster care, and a significant increase in the amount of time children spent in substitute care (i.e., placements into family foster care, relative homes, group homes, institutions, and independent living).

There are several possible explanations for the expanding caseloads in the mid-1980s and early 1990s, including increasing poverty, violence, and single-parent families, among the most significant. Another factor that cannot be overlooked is the emergence of cocaine in the mid-1980s. Alarming reports of the long-term consequences for children exposed in utero to cocaine prompted legislation in Illinois on reporting procedures for infants. Under this legislation, all children with a trace of an illicit substance in their blood or urine were automatically indicated as neglected. This legislation clearly contributed to the sharp rise in the number of Illinois cases.

In Illinois, unlike most other states, many of these infants were placed in kinship care (foster care with relatives). In fact, much of the increase in the caseload can be seen in the number of children that were placed in kinship care. Similarly, much of the decline in the caseload in the late 1990s was due to kinship care reforms—both attempts to keep children out of the formal foster care system when their needs did not require the services of the Department of Children and Family Services (DCFS) and efforts to support relatives in taking care of their kin without the oversight of DCFS, but with a subsidy that addressed the financial needs of relatives.

*This chapter was prepared by Lucy Mackey Bilaver and Robert Goerge.*

Before caseloads began their dramatic ascent in the late 1980s, there was already concern over the increasing amounts of time children were spending in foster care, a situation described as foster care "drift." Long stays in substitute care, with the increasing likelihood of multiple living arrangements and the decreasing likelihood of returning home—a concern for child well-being and development—were the impetus for the 1980 Adoption Assistance and Child Welfare Act (P. L. 96-272).[1] The 1980 act codified three overarching principles in child welfare: reasonable efforts, permanency planning, and the least restrictive alternative. At root were the best interests of the child, in which the parent-child bond was honored above all and the system worked to either prevent placement or reunite a child with parents if the child was placed in foster care. The requirement that states make all reasonable efforts to prevent placement and to reunify children placed in care with their parents was integrally linked to the second principle, permanency planning. The optimal permanent placement, it is believed, is with parents. If a child could not remain with his or her parents, the least restrictive alternative appropriate to the needs of the child should be pursued.

In Illinois, the increase in the caseload coupled with several abuse and neglect cases that received national media attention led to multiple class-action lawsuits filed against the state and DCFS. The most far-reaching of these was the B.H. v. MacDonald lawsuit that charged DCFS with neglecting the children in its care. In 1991, the B.H. consent decree provided a framework for child welfare reform in Illinois. The decree instituted a broad series of reforms regarding standards of care across a broad array of services, including placement of children; permanency planning; mental health services; education; health care; protective services; initial assessments of children; assurance of adequate food, shelter, and clothing; worker-caseload ratios; information systems; licensing; training; and quality assurance.

This approach reflected the belief that families, with the support and assistance of caseworkers, could begin to address their problems. Although family preservation programs had not yet proven fully successful, states continued to experiment with new approaches to keeping a child with his or her biological family. However, with sensational media reports of deaths at the hands of abusive parents, with lengths of stay in foster homes rising, and with increasing numbers of placements that children were experiencing, the nation called for more rapid adoptions for children in foster care as a route to permanency.

The call was answered with the 1997 Adoption and Safe Families Act (ASFA—P.L. 105-89), which, in effect, shifted the focus from the family to the child and reasserted the best interests of the child. The child's well-being, above all, should be a determining factor in placement decisions. Thus, reasonable efforts to return the child to his or her home are no longer required when the parent has subjected the child to "aggravated circumstances" or when the parent has committed murder or voluntary manslaughter of another child, has aided, abetted, or aspired to commit such murder, committed a felony assault on the child or a sibling, or has had parental rights terminated involuntarily. Permanency hearings, at which a plan is solidified for attaining a permanent living situation, are to be held earlier, and the parental rights of any child who has been in foster care for 15 of the most recent 22 months may be terminated and the child freed for adoption. New regulations also prescribe the termination of parental rights for parents who have been convicted of committing the violent crimes mentioned above. Finally, states have been given financial incentives to increase adoptions. Notwithstanding these prescriptions, however, federal law still requires states to make reasonable efforts to keep families together when the child's safety can be assured.

States are given flexibility within the framework of the act to tailor their own requirements. Illinois, for the most part, follows ASFA. Many of the policy changes in ASFA were modeled on existing state legislation, such as that of Illinois, that had already specified at what point it would begin proceedings to terminate parental rights.

While recent statistics show caseloads continuing to fall and adoptions dramatically increasing, the child welfare system continues to seek innovative programs to protect children, achieve permanency, and ensure their well-being. The indicators in this chapter show that there are improvements in the indicators of safety and permanency. We look in detail between 1985 and 1999 at rates of child abuse and neglect, patterns in substitute care, and rates of reunification, adoption, and return to foster care. We divide the discussion by events in child protective services, which deals specifically with abuse and neglect allegations and investigation, and child welfare services, which provides care for children who have been abused or neglected and their families.

## Child Protective Services

The first contact with the child protective system occurs when a report of possible abuse or neglect is recorded. Reports are screened for their validity and then investigated. A caseworker determines whether to "indicate," that is, substantiate the investigated report. Although investigated reports in Illinois nearly doubled between 1985 and 1994, their number has declined consid-

**Indicated and Unfounded Reports of Abuse and Neglect, 1985 and 1999**

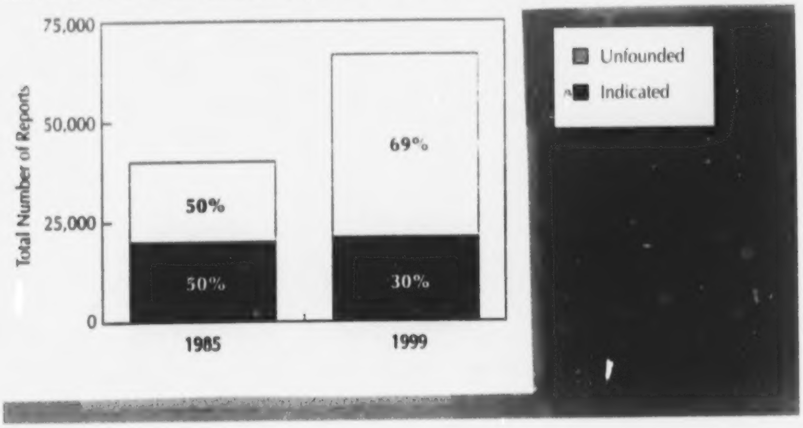


**Table 7-1. Percentage of Indicated and Unfounded Reports of Abuse and Neglect in Illinois, 1985–1999**

| Report Year | Indicated | Unfounded | Total Investigated Reports |
|---|---|---|---|
| 1985 | 50 | 50 | 40,022 |
| 1986 | 45 | 55 | 46,669 |
| 1987 | 43 | 57 | 53,788 |
| 1988 | 42 | 58 | 57,867 |
| 1989 | 37 | 63 | 61,313 |
| 1990 | 35 | 65 | 61,084 |
| 1991 | 34 | 66 | 67,748 |
| 1992 | 33 | 67 | 74,204 |
| 1993 | 34 | 66 | 72,093 |
| 1994 | 37 | 63 | 77,300 |
| 1995 | 36 | 64 | 73,907 |
| 1996 | 34 | 66 | 70,223 |
| 1997 | 33 | 67 | 66,614 |
| 1998 | 31 | 69 | 64,358 |
| 1999 | 30 | 69 | 61,661 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) 1999 columns do not add to 100 percent because some investigations are still pending.

erably since 1994, and more have been found to lack substantial evidence of abuse and neglect. In Illinois, only 30 percent of the cases were indicated in 1999 (see Table 7-1). There are several reasons for the increased number of investigated reports that may also explain the increase in unfounded cases—among them, more public awareness of abuse and neglect, mandatory reporting laws, and an accessible hotline.

If a report is indicated, the child welfare worker must then determine whether to remove the child from the home or to arrange for services and assistance for the child in the home. In only about 17 to 20 percent of indicated cases are children in Illinois taken into custody.[2] If removed from the home, the child is placed into a foster family home, home of a relative, group home, institution, or other out-of-home living arrangement.

### *Victims of Abuse and Neglect, by Allegation, 1985–1999*

In 1985, 28,898 children in Illinois were indicated victims of either abuse or neglect, or both. The number of victims peaked in 1994 at 45,023, but steadily declined since that time to 29,360 in 1999 (see Table 7-2). Adequately characterizing the nature of the abuse and neglect that a child has experienced is difficult for several reasons. First, children may have experienced a variety of harms over the course of their lives. Second, a full description of the

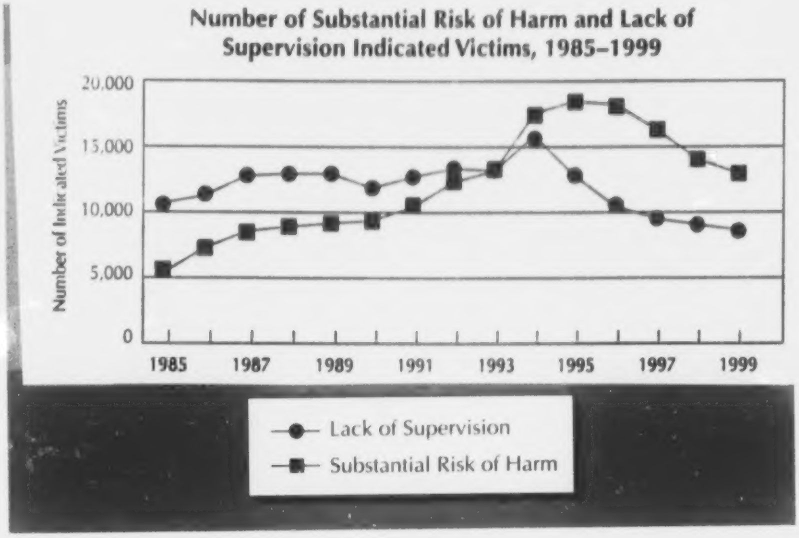
**Table 7–2. Number of Indicated Victims of Abuse and Neglect, by Most Serious Harm, in Illinois, 1985–1999**

| Year | Total Unduplicated Count of Child Victims | Sexual Abuse | Physical Abuse | Substance-Exposed Infants | Emotional Abuse | Lack of Supervision | Environmental Neglect | Other Neglect | Substantial Risk of Harm | Total Indicated Allegations |
|---|---|---|---|---|---|---|---|---|---|---|
| 1985 | 28,898 | 4,684 | 5,564 | 420 | 241 | 10,821 | 5,649 | 3,614 | 5,661 | 36,654 |
| 1986 | 30,648 | 4,788 | 5,253 | 535 | 254 | 11,402 | 5,714 | 3,779 | 7,550 | 39,275 |
| 1987 | 34,222 | 5,354 | 5,422 | 1,032 | 278 | 12,869 | 6,356 | 4,008 | 8,775 | 44,094 |
| 1988 | 35,710 | 5,545 | 5,285 | 1,803 | 269 | 13,016 | 6,469 | 4,127 | 9,114 | 45,628 |
| 1989 | 34,452 | 5,257 | 4,465 | 2,085 | 229 | 13,033 | 6,355 | 3,493 | 9,365 | 44,282 |
| 1990 | 32,501 | 4,687 | 4,239 | 2,484 | 300 | 11,965 | 5,221 | 2,365 | 9,559 | 40,820 |
| 1991 | 34,417 | 4,886 | 4,215 | 3,121 | 252 | 12,789 | 4,962 | 2,330 | 10,581 | 43,136 |
| 1992 | 37,579 | 5,194 | 4,459 | 3,647 | 252 | 13,420 | 5,885 | 2,522 | 12,411 | 47,790 |
| 1993 | 38,079 | 4,878 | 4,406 | 3,852 | 268 | 13,258 | 6,165 | 2,382 | 13,231 | 48,440 |
| 1994 | 45,023 | 4,597 | 4,843 | 3,907 | 299 | 15,824 | 8,406 | 2,857 | 17,505 | 58,238 |
| 1995 | 42,303 | 4,370 | 5,102 | 3,209 | 312 | 12,877 | 7,602 | 2,703 | 18,386 | 54,561 |
| 1996 | 38,412 | 4,069 | 4,534 | 2,928 | 259 | 10,592 | 6,251 | 2,264 | 18,110 | 49,007 |
| 1997 | 34,253 | 3,791 | 4,261 | 2,354 | 214 | 9,695 | 4,856 | 1,892 | 16,251 | 43,314 |
| 1998 | 31,404 | 3,462 | 3,927 | 2,170 | 199 | 9,272 | 4,568 | 1,699 | 14,101 | 39,398 |
| 1999 | 29,360 | 3,300 | 3,620 | 1,764 | 198 | 8,847 | 3,998 | 1,496 | 13,031 | 36,254 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

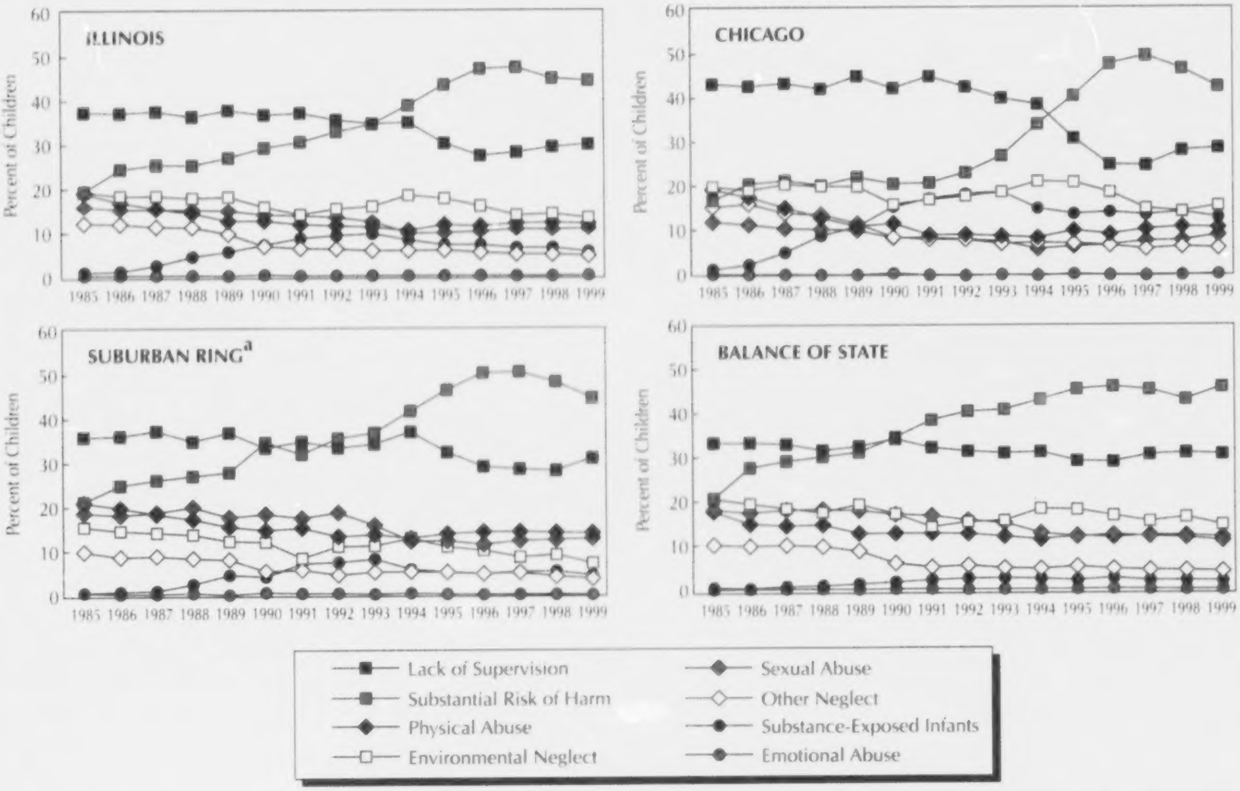
abuse or neglect is difficult to capture in a single category. The duration of the abuse or neglect as well as the seriousness are both critical determinants of the nature of the harm. Although the caseworker's records detail the specifics, administrative data, which we use here, can only capture the type of abuse or neglect. Here, we report all of the indicated allegations of abuse or neglect. Therefore, a child might be represented more than once in Table 7–2, if he or she had multiple allegations that were indicated by DCFS.


**Number of Substantial Risk of Harm and Lack of Supervision Indicated Victims, 1985–1999**

Since 1985, there have been several changes in the profile of indicated child victims. For most indicated cases, "substantial risk of harm" and "lack of supervision" are the most frequent types of maltreatment (see Table 7–2). The number of children with allegations of substantial risk of harm rose steadily after 1985 and spiked sharply between 1993 and 1994 when there was an increase of approximately 4,200 children who fell within this category. This increase was the single largest across all categories of allegation.

It is very difficult to pinpoint the cause of increases in a particular allegation because of the multiplicity of actors (people and organizations) involved in the child protection system. Understanding the increase in risk-of-harm allegations is an example of this. Significant attention paid to one particular case may trigger the entire system to respond by increasing the number of children with risk-of-harm allegations. The highly publicized Joseph Wallace case in 1993, in which a mentally ill mother killed her child on his return home after foster care placement, heightened public concern over the state of the child protective system in Illinois and may also have contributed to the surge in risk-of-harm allegations.

**Figure 7–1. Percent of Indicated Victims, by Type of Harm and by Region, 1985–1999**



*Source:* Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

Other factors that may have contributed to the rise in these allegations include the increasing pressure to include siblings and other children in the household under the risk-of-harm rubric and an increased awareness of mental health and drug abuse concerns in the home.

There were fewer children with an indicated lack of supervision allegation after 1994, falling from 35 percent of all child victims in 1994 to 30 percent by 1999 (see Figure 7–1). The drop was most pronounced in the city of Chicago but was evident in each region of the state. The drop coincided with the signing of key legislation that clarified an increasingly blurred distinction between child dependency and neglect. The definition of neglect was changed to exclude situations in which children were left in the care of relatives—which had been considered abandonment. This legislative change cleared the way for implementation of the state's Home of Relative (HMR) reform plan on July 1, 1995. Under this plan, the state dropped the requirement of taking custody of children in informal kinship care when there was no immediate danger or risk of harm to the child.[3] Prior to the reform plan, the state took custody of children whose circumstances required relatives to assume temporary guardianship. These cases often were designated "lack of supervision" cases.

The incidence of substance misuse (predominantly manifested by infants determined to be substance-exposed at birth) increased almost tenfold from 1985 to 1994. The climb coincided with the increase of cocaine in Chicago in the mid-1980s. At its peak in 1994, the number of substance-exposed infants (SEI) reached 3,907, up from 420 in 1985 (see Table 7–2). Since 1994, there has been a dramatic decrease in these cases, with 1,764 children having indicated SEI cases in 1999. SEI cases occurred primarily in Chicago, although the suburban ring (suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties) experienced a similar trend that began a little later and peaked a little earlier (see Figure 7–1).

### Indicated Victims by Age, Sex, and Race: 1985, 1990, and 1993–1999

Table 7–3 presents some demographic characteristics of children who were victims of abuse or neglect in 1985, 1990, and from 1993 to 1999. As the table indicates, young children are the most common victims of abuse and neglect in Illinois; in fact, approximately two-thirds of all victims were younger than age 10 in 1999. Breaking the numbers down by age group, nearly half (45.7%) of all victims of abuse and neglect in 1999 were age 5 or younger at the time of the report, a drop from 50.2 percent in 1990. After a rise in the proportion of infants and toddlers between 1985 and 1990 from 23 percent to 30.7 percent, there was a decline to nearly 27 percent in 1999.

**Table 7–3. Profile of Indicated Victims of Abuse and Neglect, by Race/Ethnicity and Age, in Illinois, 1985, 1990, and 1993–1999**

| | Year of Report | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **All Races/Ethnicities** | 28,898 | 32,501 | 38,079 | 45,023 | 42,303 | 38,412 | 34,253 | 31,404 | 29,360 |
| **Age** | **Percent of Total** | | | | | | | | |
| 0 to 2 | 23.0 | 30.7 | 32.0 | 30.6 | 29.2 | 28.1 | 26.6 | 27.3 | 26.6 |
| 3 to 5 | 20.6 | 19.5 | 20.1 | 20.5 | 20.9 | 20.5 | 20.4 | 19.4 | 19.1 |
| 6 to 9 | 22.0 | 21.7 | 20.7 | 21.0 | 22.0 | 23.1 | 23.4 | 24.3 | 24.5 |
| 10 to 13 | 17.6 | 16.4 | 16.0 | 16.6 | 16.5 | 17.0 | 17.1 | 17.4 | 17.5 |
| 14 to 17 | 13.5 | 9.9 | 9.9 | 10.0 | 10.5 | 10.5 | 11.1 | 10.4 | 10.9 |
| 18 or older | 3.4 | 1.9 | 1.4 | 1.2 | 0.9 | 0.8 | 1.3 | 1.3 | 1.4 |
| **African American** | 11,472 | 14,447 | 18,264 | 22,484 | 19,746 | 17,136 | 14,203 | 12,673 | 11,554 |
| **Age** | **Percent of Total** | | | | | | | | |
| 0 to 2 | 26.8 | 39.5 | 40.8 | 38.1 | 36.5 | 35.9 | 34.4 | 34.2 | 32.7 |
| 3 to 5 | 20.9 | 18.6 | 19.1 | 19.5 | 20.1 | 19.3 | 19.6 | 18.5 | 18.3 |
| 6 to 9 | 21.7 | 20.0 | 19.0 | 19.4 | 20.4 | 22.1 | 22.2 | 23.1 | 23.8 |
| 10 to 13 | 16.6 | 13.6 | 13.1 | 14.2 | 14.2 | 14.1 | 14.8 | 15.2 | 15.7 |
| 14 to 17 | 11.3 | 6.6 | 6.9 | 7.6 | 7.9 | 7.9 | 8.1 | 8.0 | 8.3 |
| 18 or older | 2.6 | 1.6 | 1.2 | 1.2 | 0.8 | 0.6 | 1.0 | 1.0 | 1.2 |
| **Hispanic** | 1,710 | 1,884 | 2,438 | 3,028 | 3,215 | 3,192 | 3,093 | 2,784 | 2,574 |
| **Age** | **Percent of Total** | | | | | | | | |
| 0 to 2 | 20.8 | 26.6 | 27.2 | 24.9 | 24.7 | 22.8 | 22.9 | 23.2 | 23.2 |
| 3 to 5 | 18.3 | 19.9 | 19.8 | 20.2 | 21.6 | 20.8 | 20.5 | 20.3 | 20.0 |
| 6 to 9 | 25.3 | 24.0 | 21.9 | 23.8 | 23.3 | 25.3 | 25.4 | 25.6 | 26.7 |
| 10 to 13 | 20.1 | 16.6 | 18.7 | 19.1 | 17.8 | 19.4 | 17.9 | 18.3 | 16.4 |
| 14 to 17 | 12.3 | 10.7 | 10.7 | 10.7 | 11.8 | 10.9 | 11.4 | 11.0 | 11.8 |
| 18 or older | 3.3 | 2.2 | 1.8 | 1.2 | 0.8 | 0.8 | 1.9 | 1.6 | 1.8 |
| **Other**[a] | 749 | 726 | 1,031 | 1,197 | 1,098 | 1,162 | 1,181 | 1,084 | 1,124 |
| **Age** | **Percent of Total** | | | | | | | | |
| 0 to 2 | 24.3 | 28.8 | 31.1 | 34.4 | 34.3 | 31.7 | 30.1 | 33.8 | 33.5 |
| 3 to 5 | 21.1 | 18.6 | 20.8 | 22.0 | 20.2 | 20.8 | 21.9 | 19.4 | 19.2 |
| 6 to 9 | 21.1 | 21.8 | 21.2 | 17.0 | 18.8 | 22.4 | 21.8 | 21.8 | 24.2 |
| 10 to 13 | 16.3 | 15.4 | 14.7 | 12.9 | 13.1 | 13.7 | 13.9 | 13.7 | 13.1 |
| 14 to 17 | 11.6 | 10.9 | 9.8 | 10.7 | 11.1 | 10.1 | 10.3 | 9.5 | 7.8 |
| 18 or older | 5.6 | 4.5 | 2.3 | 3.1 | 2.5 | 1.4 | 2.0 | 1.9 | 2.1 |
| **White** | 14,967 | 15,444 | 16,346 | 18,314 | 18,244 | 16,922 | 15,776 | 14,863 | 14,108 |
| **Age** | **Percent of Total** | | | | | | | | |
| 0 to 2 | 20.2 | 23.0 | 22.9 | 22.0 | 21.7 | 21.0 | 20.2 | 21.6 | 21.8 |
| 3 to 5 | 20.7 | 20.3 | 21.2 | 21.8 | 21.7 | 21.6 | 21.0 | 19.9 | 19.6 |
| 6 to 9 | 21.9 | 23.1 | 22.5 | 22.8 | 23.6 | 23.8 | 24.3 | 25.2 | 24.6 |
| 10 to 13 | 18.1 | 19.0 | 18.9 | 19.4 | 19.0 | 19.6 | 19.2 | 19.5 | 19.5 |
| 14 to 17 | 15.4 | 12.8 | 13.1 | 12.8 | 13.1 | 13.0 | 13.9 | 12.4 | 13.1 |
| 18 or older | 3.8 | 1.9 | 1.5 | 1.2 | 0.9 | 1.0 | 1.4 | 1.4 | 1.4 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

There have been more pronounced changes in the racial and ethnic profile of abused and neglected children in Illinois. Although there was a steady rise in the percentage of African American victims of abuse and neglect from 1985 to 1994, since 1994, the percentage of African American children has been falling, while the percentage of Hispanic and white children has increased (see Table 7–4). Even so, African American children are disproportionately represented among victims of child abuse and neglect. In 1985, 20 of every 1,000 Illinois African American children were victims of abuse or neglect compared with 7.1 per 1,000 white children. In 1994, 38.7 of every 1,000 African American children were victims of abuse or neglect compared with 9.1 of every 1,000 white children. Although a significant disparity by race remains in the likelihood of a child to be victimized, the rate for African American children in 1999 had dropped to the lowest figure in 15 years. In 1999, African American children in Illinois were somewhat less than 3 times as likely to be victims of abuse or neglect as were white children (19.7 per 1,000 vs. 7 per 1,000). Rates for Hispanic children were below those for white children in 1999, at 5.4 per 1,000.

## Child Welfare Services

Child welfare services include those that are provided to children and

**Table 7–4. Indicated Victims of Abuse and Neglect Among Illinois Children Ages Birth to 17, by Race/Ethnicity, 1985, 1990, and 1993–1999**

| | Percentage of Total Victims | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Race/Ethnicity | 1985 | 1990 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| African American | 39.7 | 44.5 | 48.0 | 49.9 | 46.7 | 44.6 | 41.5 | 40.4 | 39.4 |
| Hispanic | 5.9 | 5.8 | 6.4 | 6.7 | 7.6 | 8.3 | 9.0 | 8.9 | 8.8 |
| Other[a] | 2.6 | 2.2 | 2.7 | 2.7 | 2.6 | 3.0 | 3.4 | 3.5 | 3.8 |
| White | 51.8 | 47.5 | 42.9 | 40.7 | 43.1 | 44.1 | 46.1 | 47.3 | 48.1 |

| | Rates (per 1,000 children in population) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Race/Ethnicity | 1985 | 1990 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| African American | 20.0 | 26.3 | 31.8 | 38.7 | 33.7 | 29.0 | 24.0 | 21.5 | 19.7 |
| Hispanic | 5.8 | 5.7 | 6.6 | 7.8 | 7.9 | 7.5 | 7.0 | 6.1 | 5.4 |
| Other[a] | 10.2 | 8.7 | 11.1 | 12.5 | 11.1 | 11.2 | 11.0 | 9.8 | 9.9 |
| White | 7.1 | 7.8 | 8.1 | 9.1 | 9.0 | 8.3 | 7.7 | 7.3 | 7.0 |

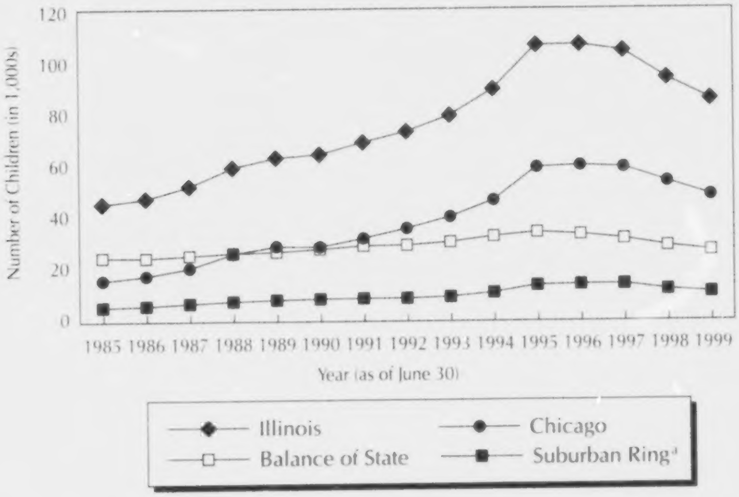
*Sources:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989."

*Note:* Data are as of June 30, 2000.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

families in their homes or in substitute or foster care if a child must be removed from the home. In cases where the protection of the child warrants it, children are placed out of their homes into a foster care arrangement. Foster care, however, is just one of the possible outcomes for a child. Serving children in their homes and preventing placement remains a preference—preserving the family when possible is important from the perspective of the child welfare system and for the child's development. Government has historically been loath to intervene in the privacy of a family. Family preservation services offer families intensive assistance without removing the child from the home.

**Figure 7–2. Number of Illinois Children in Care of the Department of Children and Family Services, by Region, 1985–1999**



*Source:* Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry and Will counties.

Other support may also be provided on a more long-term basis and can include counseling, homemaker assistance, and day care. If a child is placed outside of the home, every effort is made to reunify the child with his or her parents quickly. The strong preference for reunification was altered by the Adoption and Safe Families Act by allowing adoption to be considered earlier if parents fail to make quick progress in remedying the conditions that brought the child into care initially.

The total caseload in the child welfare system, therefore, consists of children living at home with services provided by DCFS and those living outside the home in foster care. The state's total caseload more than doubled since 1985 before peaking at 106,328 in 1996 (see Figure 7–2). Chicago caseloads were responsible for most of this increase; the 1995 Chicago caseload was nearly 4 times larger than in 1985. Between 1996 and 1999, there was a decrease of 20 percent in the Illinois caseload; in 1999, the caseload stood at 85,229.

### *Foster Care Caseload Dynamics*

Although children in parental care (those who are living at home and receiving services) make up a sizable portion of the total caseload, 66 percent in 1985 and 52 percent in 1999 (see Table 7–5), children living in foster care arrangements are the primary focus of policy makers, service providers, and advocates. Foster care is provided in various settings—by family foster parents, relative caregivers, and institution and group home staff—and in independent living placements for older wards. For the purposes of the discussion here, we include all of these types of care under the label of foster care. We consider the caseload by type of care as it stands on June 30 of each year between 1985 and 1999.

The number of Illinois children in foster care more than tripled between 1985 and 1995 and did not begin to stabilize until 1996, when more than 50,000 Illinois children were in foster care (see Table 7–5). Since 1997, the caseload has dropped significantly, to just under 41,000 in June of 1999. Over the decade of the 1990s, an increasing proportion of children in foster care were from Chicago. In 1985, the balance of the state—areas of Illinois outside Chicago and its suburbs—was home to 45 percent of the foster care caseload (see Figure 7–3). By 1999, it was home to 24 percent of the caseload while 64 percent of the children in foster care were in Chicago.

Another way to look at foster care is to consider the incidence rate—the likelihood that a child will enter foster care for the first time in a given year. Figure 7–4 presents the incidence rates per 1,000 children in the population. In less than a decade, the incidence rate doubled, reaching just over 4 children per

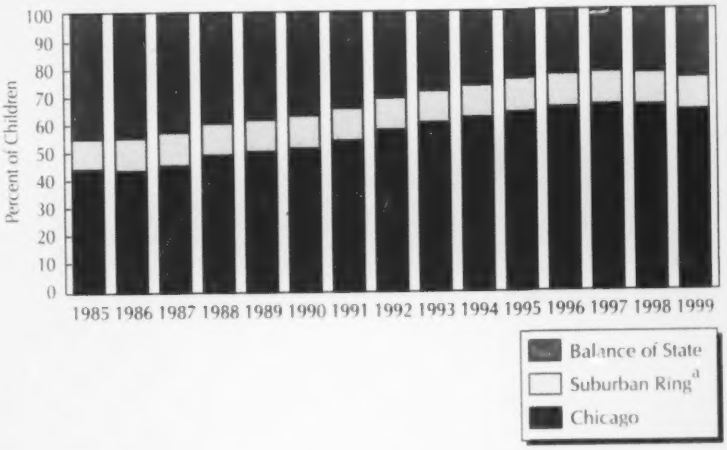
**Table 7–5. Illinois Children in the Department of Children and Family Service's System Statewide, by Type of Care, 1985–1999**

| Year (as of June 30) | Parental Care | Foster Care | Total DCFS |
|---|---|---|---|
| 1985 | 29,760 | 15,331 | 45,091 |
| 1986 | 32,097 | 15,011 | 47,108 |
| 1987 | 35,588 | 16,269 | 51,857 |
| 1988 | 40,700 | 18,279 | 58,979 |
| 1989 | 42,652 | 20,162 | 62,814 |
| 1990 | 41,730 | 22,383 | 64,113 |
| 1991 | 43,131 | 25,614 | 68,745 |
| 1992 | 41,155 | 31,704 | 72,859 |
| 1993 | 42,844 | 36,254 | 79,098 |
| 1994 | 45,160 | 44,006 | 89,166 |
| 1995 | 54,667 | 51,377 | 106,044 |
| 1996 | 52,836 | 53,492 | 106,328 |
| 1997 | 50,131 | 53,793 | 103,924 |
| 1998 | 44,381 | 49,005 | 93,386 |
| 1999 | 44,423 | 40,806 | 85,229 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

**Figure 7–3. Percent of Illinois Foster Care Caseload as of June 30, by Region, 1985–1999**

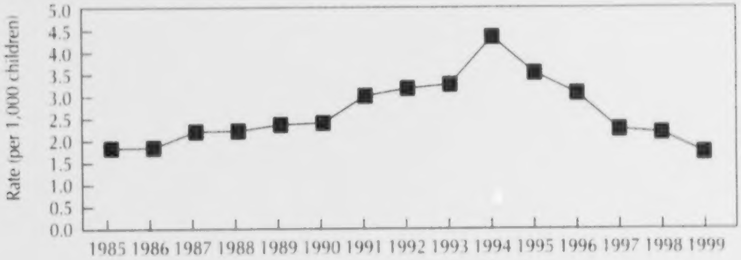


*Source:* Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

**Figure 7–4. Annual Incidence of First Foster Care Entry, in Illinois, 1985–1999**



*Sources:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census. "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989."

*Note:* Data are as of June 30, 2000.

1,000 in 1994. By 1995, the incidence rate had fallen, and eventually reached a rate of 1.69 per 1,000 in 1999—a 15-year low. Although all areas of the state experienced an overall rise in the incidence of first foster care placements from 1985 to 1994, the growth was most explosive in Chicago where incidence rates reached as many as ten children per 1,000 in 1994 (see Table 7–6). Since 1994, the incidence of entry to foster care among children from Chicago has declined substantially with only 2.6 children entering care for every 1,000 in 1999.

Table 7–7 presents the ages of children entering foster care for the first time in 1985, 1990, and 1993 through 1999. Children ages birth to 4 years composed approximately one-half of the entry cohorts throughout the period, increasing from 42 percent of those entering care for the first time in 1985 to 56 percent in 1999. Figure 7–5 shows the trends in entry to care by race and ethnicity. Across the decade, African American children were the most likely to enter foster care. In 1985, African American children entered foster care at a rate of just over 4 per 1,000, more than twice the rate of children in all other race and ethnicity categories. In 1993, the disparity between African American and white children peaked when African American children were 8 times as likely to enter foster care as were white children. The disparity decreased significantly by 1999 when African American children were almost 4 times as likely to enter foster care as white children. The rate of Hispanic children entering foster care peaked in 1995 at nearly 2 per 1,000 and had dropped to 0.6 per 1,000 in 1999. The rate of children who entered foster care in the "other" category (Asian, American Indian, Alaska Native, and other races/ethnicities) declined from 1.4 per 1,000 in 1994 to 0.9 per 1,000 in 1997, where it remained through 1999.

*Rising admissions.* There are several dynamics that help explain the steady increases in the foster care caseload from the mid-1980s to the mid-1990s—more admissions than discharges, increasing durations of foster care stays, and policies and practices favoring kinship care. The first, and most obvious, is the number of admissions and discharges. Figure 7–6 shows annual admissions, discharges, and the resulting

### Table 7-6. Annual Incidence Rates of First Entry to Foster Care, by Region, 1985–1999

| Year | Illinois | Chicago | Suburban Ring[a] | Balance of State |
|---|---|---|---|---|
| 1985 | 1.80 | 2.45 | 0.81 | 2.34 |
| 1986 | 1.81 | 2.59 | 0.76 | 2.34 |
| 1987 | 2.18 | 3.65 | 0.88 | 2.49 |
| 1988 | 2.19 | 3.93 | 0.78 | 2.46 |
| 1989 | 2.33 | 4.09 | 0.86 | 2.70 |
| 1990 | 2.37 | 4.24 | 0.83 | 2.77 |
| 1991 | 2.98 | 6.35 | 0.90 | 2.96 |
| 1992 | 3.15 | 6.76 | 0.95 | 3.07 |
| 1993 | 3.24 | 6.80 | 1.07 | 3.17 |
| 1994 | 4.32 | 10.18 | 1.53 | 3.46 |
| 1995 | 3.50 | 7.84 | 1.29 | 2.99 |
| 1996 | 3.04 | 6.88 | 1.09 | 2.59 |
| 1997 | 2.22 | 4.51 | 0.83 | 2.17 |
| 1998 | 2.14 | 4.18 | 0.71 | 2.30 |
| 1999 | 1.69 | 2.60[b] | 0.61[b] | 2.28 |

*Sources:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children (Chapin Hall staff analysis), City of Chicago, Department of Planning "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"; U.S. Government Printing Office, 1980 Census of Population. Vol. 1. *Characteristics of Population.* General Social and Economic Characteristics. Part 15. Illinois. Section 1. Washington, D.C.: U.S. GPO, 1983; U.S. Department of Commerce, Bureau of the Census. "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989." Chapin Hall, Chicago Child Population, by Age, 1990–1997.

*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

[b] Because base population data (for the total number of children) were not available for Chicago and the suburban ring in 1999, these two rates were calculated using the 1998 base population figures.

### Table 7-7. Profile of Illinois Children Entering Foster Care for the First Time, by Age, 1985, 1990, and 1993–1999

| | 1985 | | 1990 | | 1993 | | 1994 | | 1995 | | 1996 | | 1997 | | 1998 | | 1999 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| **Total** | 5,486 | 100 | 7,005 | 100 | 9,876 | 100 | 13,348 | 100 | 10,917 | 100 | 9,601 | 100 | 7,055 | 100 | 6,828 | 100 | 5,393 | 100 |
| **Ages** | | | | | | | | | | | | | | | | | | |
| 0 to 4 | 2,313 | 42 | 3,514 | 50 | 5,486 | 56 | 7,170 | 54 | 5,945 | 54 | 5,479 | 57 | 3,870 | 55 | 3,803 | 56 | 3,033 | 56 |
| 5 to 10 | 1,333 | 24 | 1,741 | 25 | 2,309 | 23 | 3,425 | 26 | 2,681 | 25 | 2,376 | 25 | 1,731 | 25 | 1,724 | 25 | 1,334 | 25 |
| 11 to 14 | 1,032 | 19 | 1,069 | 15 | 1,330 | 13 | 1,807 | 14 | 1,471 | 13 | 1,186 | 12 | 952 | 13 | 884 | 13 | 671 | 12 |
| 15 to 19 | 805 | 15 | 681 | 10 | 743 | 8 | 928 | 7 | 806 | 7 | 555 | 6 | 488 | 7 | 414 | 6 | 332 | 6 |
| Over 19 | 3 | 0 | 0 | 0 | 8 | 0 | 18 | 0 | 14 | 0 | 5 | 0 | 14 | 0 | 3 | 0 | 23 | 0 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Excludes children whose ages were unknown.

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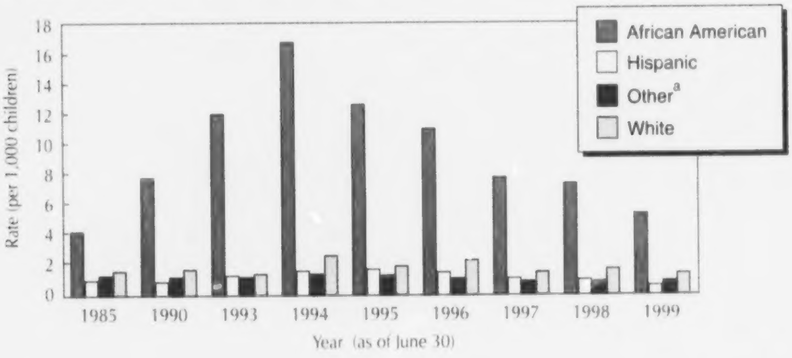
**Figure 7–5. Illinois Children Entering Foster Care for the First Time, by Race/Ethnicity, 1985, 1990, and 1993–1999**



*Sources:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989."

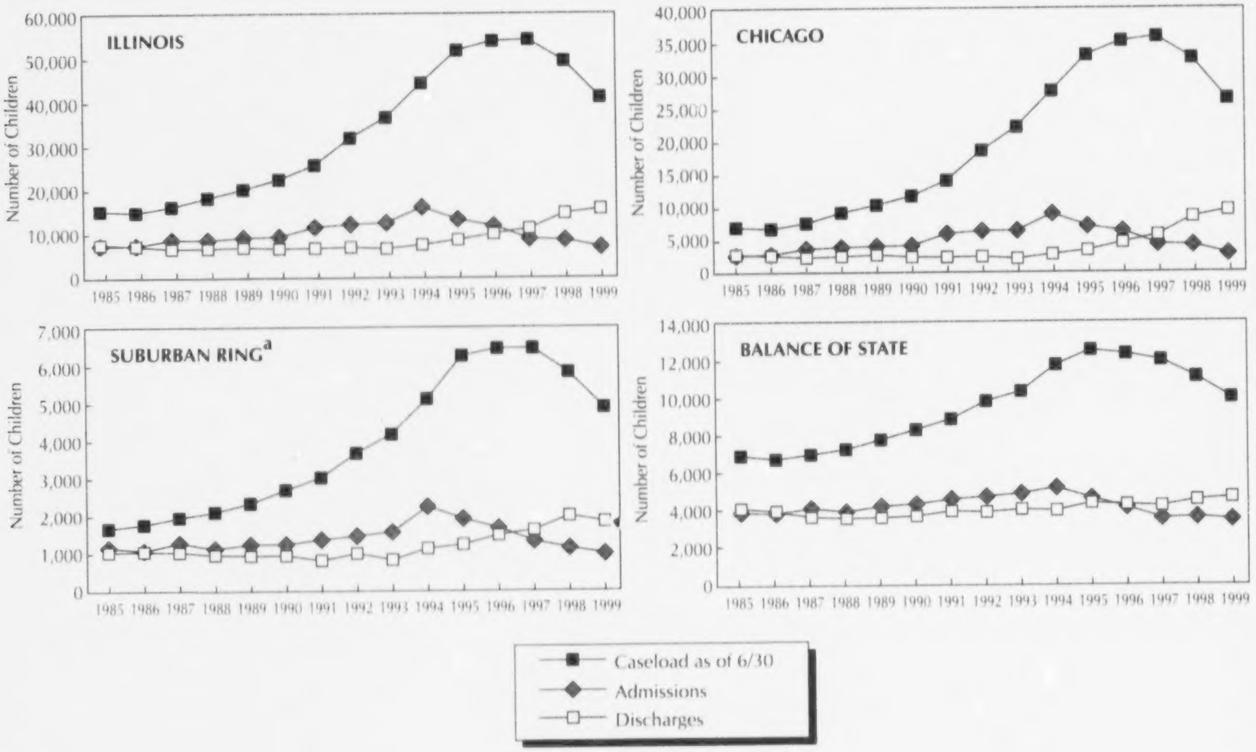
*Note:* Data are as of June 30, 2000.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

caseload as of June 30 from 1985 to 1999 for Chicago, the suburban ring, the balance of the state, and Illinois overall. From 1985 to 1994, Illinois admissions to foster care rose steadily while discharges remained relatively stable. Admissions exceeded discharges for the first time in 1986, and for the next several years, they outnumbered discharges by approximately 2,000. In 1991, the net difference jumped to 4,750, eventually peaking at 8,460 in 1994. This imbalance between admissions and discharges was fueled mainly by Chicago caseloads—where the difference was more pronounced than in the suburban ring and balance of the state. In 1995, the number of admissions statewide slowed and discharges continued to increase. Together, these forces worked to cut the percent growth in the caseload to below double digits for 1996 and 1997. From 1997 to 1999, discharges exceeded admissions and the caseload declined significantly. This change occurred in each area of the state although the number of discharges relative to admissions was highest in Chicago.

*Increasing durations.* The second dynamic that explains the increase in foster care caseloads is the dramatic rise in the length of stays—or spells—since 1985. (A spell is a continuous episode spent in out-of-home child welfare arrangements.) Increasing durations are a concern both for their effect on caseload size, with the accompanying fiscal and systemic ramifications, and because of the developmental impact on a child of not having a permanent home. Moreover, the more time a child spends in care, the less likely he or she is to be discharged.[1] Figure 7–7 shows that in Illinois in 1991, the median duration (the point in time by which one-half of the children have exited from care) of first spells in foster care was nearly 6 times the duration in 1985 (45 months vs. 8 months). In other words, whereas children who entered care in 1985 stayed for a little over half a year on average, by 1991, children entering care were staying nearly 4 years. For children entering since 1995, however, the median duration has been below 40 months; for children placed in 1997, it was 32 months.

**Figure 7–6. Number of Illinois Children Admitted, Discharged, and Served in Out-of-Home Care, by Region, 1985–1999**



*Sources:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12); U.S. Department of Commerce, Bureau of the Census, "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin, 1981–1989."

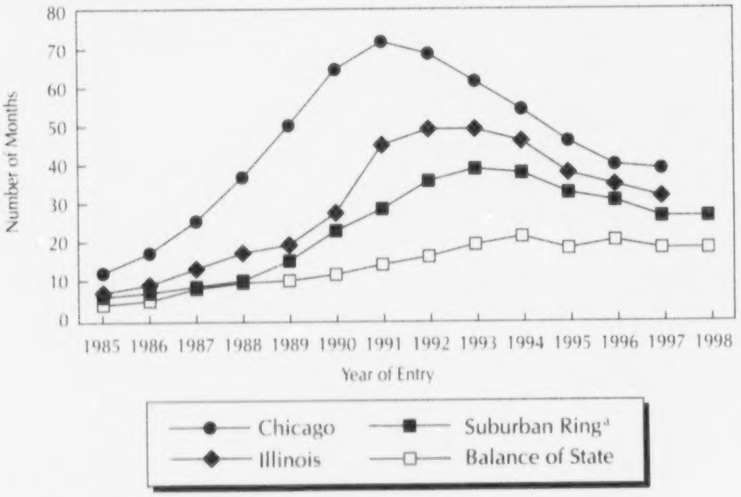
*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

There is significant variation in duration by region of the state.[5] Median durations in Chicago were as high as 2 times that of the entire state between 1988 and 1990. Because children in the care of relatives tend to stay in care longer, the rise in kinship care has certainly contributed to longer average durations in care, especially in Chicago.[6] However, the median duration has dropped significantly for Chicago entry cohorts since 1991. The median duration for Chicago children entering foster care in 1997 is lower than for any Chicago entry cohort since 1988.

Children entering foster care from the suburban ring and the balance of the state had similar median durations until 1990, when lengths of stay for suburban children were greater than those of children from the balance of the state by over two-thirds. By 1992, children entering in the suburban ring had twice

**Figure 7–7. Median Duration of First Spells in Foster Care, by Region, 1985–1998**



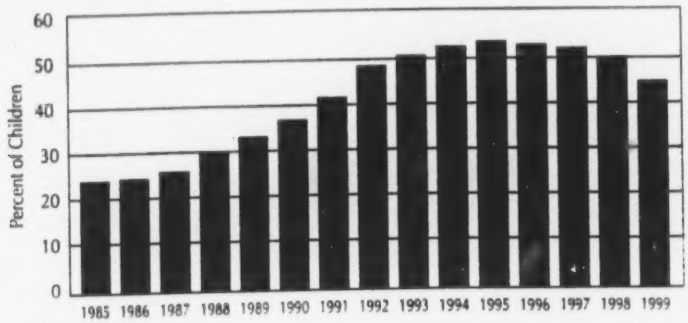
*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Data are not presented for Illinois and Chicago in 1998 because the Kaplan-Meier estimate could not be determined.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

the median duration of children in the balance of the state. As in Chicago, the median duration in the suburban ring has decreased since 1993, while the median duration for the balance of the state has remained constant.

**Percent of Foster Care Caseload in Relative Care in Illinois as of June 30, 1985–1999**



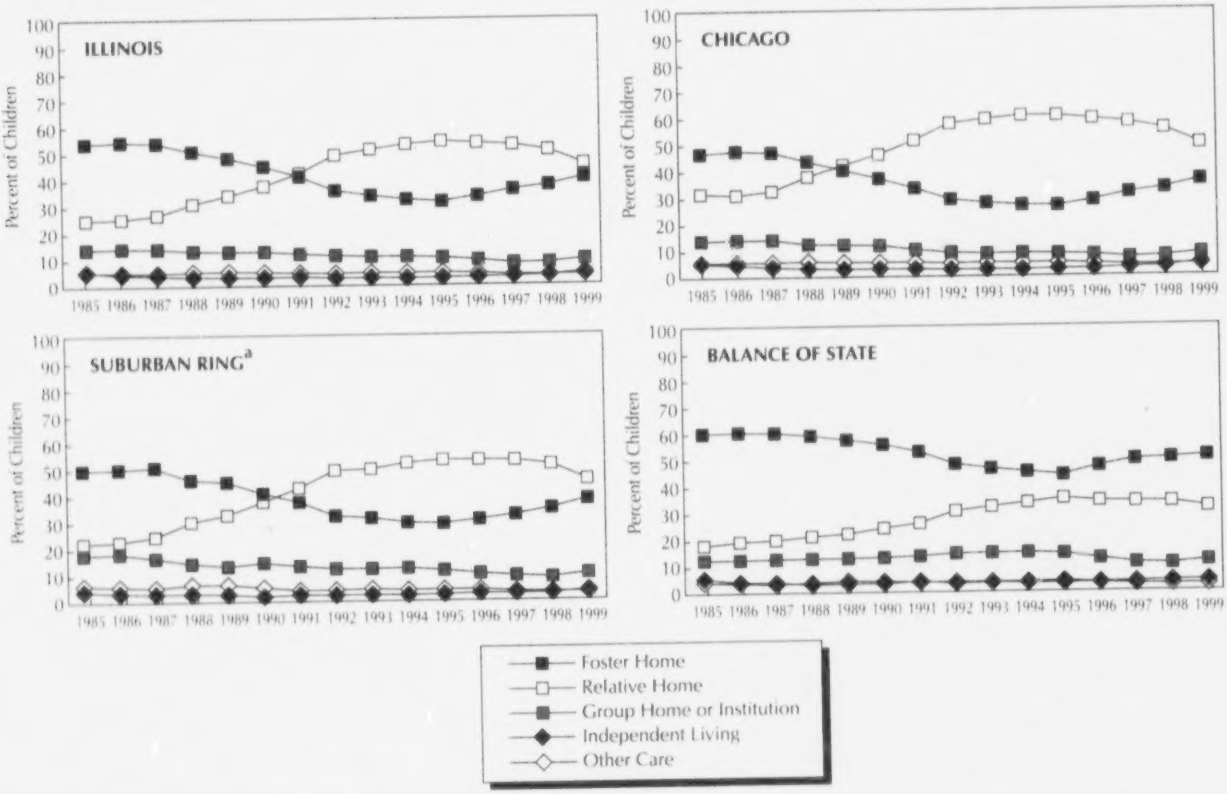
*Kinship care.* The third dynamic affecting the past rise in caseloads in affecting Illinois foster care is the increasing emphasis in the 1990s on placing children with relatives, or kinship care. Kinship placements, in fact, account for the vast majority of the decade's caseload increases in foster care. Figure 7–8 shows out-of-home placement as of June 30 from 1985 to 1999 for Chicago, the suburban ring, the balance of the state, and all of Illinois. Placement with relatives grew from 24 percent of the caseload in 1985 to 53 percent in 1995. Since 1995, the percentages have dropped each year, and in 1999, 44 percent of children were placed with relatives—the lowest figure since 1991.

In short, admissions stabilized and decreased, discharges were up in the last few years of the 1990s, and durations of foster care for recent entry cohorts decreased. Kinship care, with its more stable and longer-term nature, accounted for much of the increase in the length of time children were remaining in foster care; the effects of kinship care were especially evident in Chicago.

### *Placement Stability*

Adding to the concern over longer durations in care is the instability of those placements. Moving from placement to placement disrupts any chance for the stable and nurturing relationships necessary for healthy development. Moreover, the

**Figure 7–8. Percent of Illinois Children in Out-of-Home Placement, by Type of Out-of-Home Care, as of June 30, 1985–1999**



*Source:* Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

likelihood of returning home decreases with each successive placement.[7] The permanency principle that has guided the country's child welfare programs is, in part, a response to the rising number of placements children in foster care have experienced in many states.

Stability, at least as measured by the number of placements, has improved in the state. This measure of placements accounts for both short- and long-term placements. A few days in a youth shelter and several months in a foster home are considered two placements. The percentage of children experiencing three or more placements within the first 6 months of entering foster care fluctuated slightly between 1990 and 1999, in general declining since 1993, as did the percentages for those experiencing four or more placements (see Table 7–8). The lat-

**Table 7–8. Placement Stability of Illinois Children Within 6 Months of Entry to Foster Care During the Year, 1990–1999**

| Year of Entry | Percent with 2 or more placements within 6 months | Percent with 3 or more placements within 6 months | Percent with 4 or more placements within 6 months |
|---|---|---|---|
| 1990 | 69.9 | 27.9 | 11.8 |
| 1991 | 63.3 | 26.6 | 11.7 |
| 1992 | 62.5 | 27.6 | 12.5 |
| 1993 | 65.5 | 30.1 | 13.7 |
| 1994 | 61.8 | 27.4 | 11.6 |
| 1995 | 65.2 | 28.8 | 13.0 |
| 1996 | 64.5 | 27.6 | 11.6 |
| 1997 | 67.8 | 28.1 | 11.6 |
| 1998 | 67.1 | 26.6 | 10.3 |
| 1999 | 69.3 | 27.4 | 10.2 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

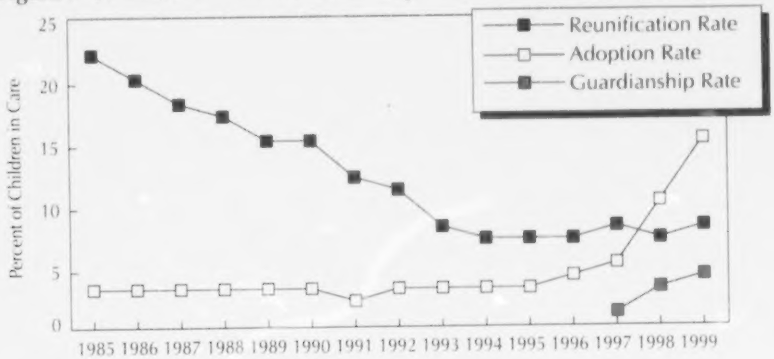
ter (four or more placements), for example, dropped from a high of 13.7 percent in 1993 to a low of 10.2 percent in 1999. Approximately two-thirds of children between 1990 and 1999 experienced at least two placements within 6 months of entering care.

The slight improvement in levels of stability in placement is encouraging. The changes in the numbers of those experiencing two placements can possibly be explained by the fact that the first placement in care is often a short-term emergency placement while arrangements are being made for a foster home. This is less likely when kinship care placements are available. In general, kinship care has helped to reduce multiple foster care placements because children in the care of kin are known to remain in that placement longer than children in traditional foster care placements.

### *Achieving Permanency*

A traditional way to measure permanency has been to look at reunification and adoption rates. In Illinois, since mid-1996, an additional way to achieve permanency has been through subsidized guardianship. This option is for children who cannot be reunified and for whom adoption is not an option. It allows the relative to continue to receive the full amount of the monthly foster care board payment without the ongoing oversight of DCFS. The relative becomes the legal guardian of the child, but the parental rights are not terminated, as they are when a child is adopted. This option allows the relative to care for the child and to receive support from the state, and it removes the label of "foster child" from the child. Figure 7–9 shows the percentage of children who attained permanency among those served in foster care for at least one day during a particular time period. Although adoption rates have been increasing dramatically since 1996, reunification rates have been fairly stable since 1993. The rate of reunification decreased steadily from 1985 to 1993 and since then has remained at the same level. Among Illinois children in foster care during 1985, 22 percent were reunified with their families. Since 1993, only 7 to 8 percent of children in

Figure 7–9. Rates of Reunification, Adoption, and Guardianship, 1985–1999



*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Note:* Data are as of June 30, 2000.

foster care have been reunified. In 1997, subsidized guardianships were recorded for the first time. By 1999, 4 percent of the caseload was being placed in these arrangements.

Historically, low rates of reunification and adoption have been a great concern in child welfare. The rates are most often presented as a "cross-sectional" picture, which is helpful for administrators who must track the current caseload at any point in time. A problem with looking at rates of reunification or adoption at a particular point in time is that the lower rates of those children who have been in care for long periods of time might skew the "overall" point-in-time population rates. For example, if a group of children are reunified with their parents quickly, leaving behind the group of children who are in care for a long time, the population count at any given point in time will include more of the population who have been in care for a long time.

*Reunification.* To remedy the bias mentioned above, we analyzed entry cohorts of children and their reunification outcomes over time. Using this method, reunification rates are considerably higher (see Table 7–9). Between 1985 and 1987, 50 percent of children on average were reunified with their parents within 2 years of entering foster care. After 1987, rates of reunification steadily declined until 1991 when some stability can begin to be observed. For recent cohorts of children entering care, the 2- to 4-year reunification rates appear to be on the rise. In fact, the first increase in the 2-year reunification rate over the 15-year time period was observed in 1995. By 1997, nearly one-third (29%) of children who entered foster care were reunified with their parents before 2 years.

## Table 7–9. Cumulative Rates of Reunification from First Foster Care Spell, by Region, 1985–1999

| | Year of Entry | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **Illinois, Total** | | | | | | | | | | | | | | | |
| Total placed in foster care | 5,487 | 5,491 | 6,559 | 6,545 | 6,976 | 7,005 | 8,915 | 9,536 | 9,877 | 13,348 | 10,918 | 9,601 | 7,055 | 6,828 | 5,393 |
| Number still in care 6/30/2000 | 123 | 178 | 283 | 446 | 509 | 626 | 1,035 | 1,321 | 1,502 | 2,570 | 2,392 | 2,827 | 3,034 | 4,216 | 4,118 |
| Percent still in care 6/30/2000 | 2 | 3 | 4 | 7 | 7 | 9 | 12 | 14 | 15 | 19 | 22 | 29 | 43 | 62 | 76 |
| Percent Reunified: | | | | | | | | | | | | | | | |
| Before 1 month | 15 | 14 | 11 | 9 | 9 | 9 | 6 | 6 | 5 | 6 | 6 | 5 | 6 | 5 | 5 |
| Before 3 months | 29 | 26 | 21 | 18 | 17 | 16 | 12 | 10 | 9 | 9 | 10 | 9 | 10 | 9 | 10 |
| Before 6 months | 37 | 35 | 29 | 26 | 24 | 23 | 16 | 15 | 12 | 12 | 13 | 12 | 14 | 13 | 14 |
| Before 12 months | 46 | 43 | 38 | 34 | 33 | 30 | 23 | 21 | 18 | 16 | 18 | 17 | 20 | 19 | **18** |
| Before 18 months | 51 | 48 | 44 | 39 | 38 | 35 | 28 | 24 | 21 | 20 | 22 | 22 | 25 | 24 | **19** |
| Before 2 years | 54 | 51 | 47 | 43 | 41 | 39 | 31 | 26 | 24 | 23 | 25 | 25 | 29 | **27** | **19** |
| Before 3 years | 57 | 55 | 51 | 47 | 45 | 42 | 34 | 30 | 29 | 27 | 31 | 31 | **33** | **28** | **19** |
| Before 4 years | 59 | 57 | 53 | 50 | 47 | 44 | 36 | 33 | 31 | 31 | 34 | **34** | **34** | **28** | **19** |
| **Chicago** | | | | | | | | | | | | | | | |
| Total placed in foster care | 1,939 | 2,022 | 2,807 | 2,971 | 3,048 | 3,061 | 4,650 | 5,069 | 5,128 | 7,648 | 5,988 | 5,337 | 3,573 | 3,365 | 2,096 |
| Number still in care 6/30/2000 | 105 | 118 | 207 | 357 | 393 | 486 | 795 | 1,026 | 1,121 | 1,931 | 1,707 | 1,974 | 1,953 | 2,613 | 1,843 |
| Percent still in care 6/30/2000 | 5 | 6 | 7 | 12 | 13 | 16 | 17 | 20 | 22 | 25 | 29 | 37 | 55 | 78 | 88 |
| Percent Reunified: | | | | | | | | | | | | | | | |
| Before 1 month | 10 | 8 | 6 | 5 | 4 | 4 | 3 | 2 | 3 | 3 | 4 | 3 | 3 | 2 | 3 |
| Before 3 months | 20 | 16 | 11 | 10 | 10 | 9 | 6 | 4 | 4 | 4 | 5 | 4 | 5 | 4 | 5 |
| Before 6 months | 28 | 24 | 17 | 16 | 15 | 13 | 9 | 6 | 5 | 5 | 6 | 6 | 7 | 5 | 7 |
| Before 12 months | 35 | 31 | 26 | 23 | 22 | 19 | 13 | 9 | 6 | 7 | 8 | 9 | 11 | 8 | **10** |
| Before 18 months | 40 | 36 | 32 | 27 | 25 | 21 | 16 | 10 | 8 | 9 | 11 | 11 | 14 | 12 | **10** |
| Before 2 years | 43 | 39 | 35 | 31 | 28 | 23 | 18 | 12 | 9 | 11 | 13 | 13 | 18 | **15** | **10** |
| Before 3 years | 45 | 43 | 39 | 34 | 31 | 25 | 20 | 15 | 13 | 15 | 19 | 20 | **22** | **15** | **10** |
| Before 4 years | 46 | 45 | 41 | 37 | 33 | 27 | 21 | 17 | 16 | 19 | 23 | **23** | **23** | **15** | **10** |
| **Suburban Ring**[a] | | | | | | | | | | | | | | | |
| Total placed in foster care | 918 | 861 | 1,002 | 892 | 999 | 966 | 1,063 | 1,125 | 1,285 | 1,889 | 1,614 | 1,376 | 1,059 | 908 | 781 |
| Number still in care 6/30/2000 | 6 | 19 | 21 | 35 | 50 | 75 | 85 | 127 | 140 | 293 | 286 | 339 | 401 | 501 | 622 |
| Percent still in care 6/30/2000 | 1 | 2 | 2 | 4 | 5 | 8 | 8 | 11 | 11 | 16 | 18 | 25 | 38 | 55 | 80 |
| Percent Reunified: | | | | | | | | | | | | | | | |
| Before 1 month | 15 | 15 | 15 | 11 | 9 | 11 | 7 | 8 | 6 | 7 | 8 | 8 | 8 | 6 | 5 |
| Before 3 months | 29 | 28 | 29 | 22 | 18 | 19 | 12 | 15 | 11 | 12 | 11 | 13 | 12 | 11 | 8 |
| Before 6 months | 37 | 36 | 37 | 31 | 26 | 25 | 18 | 19 | 16 | 16 | 15 | 17 | 17 | 16 | 12 |
| Before 12 months | 48 | 45 | 46 | 42 | 35 | 34 | 27 | 25 | 21 | 22 | 22 | 23 | 25 | 22 | **17** |
| Before 18 months | 53 | 50 | 51 | 47 | 41 | 39 | 33 | 30 | 26 | 25 | 26 | 27 | 31 | 31 | **18** |
| Before 2 years | 56 | 53 | 54 | 50 | 46 | 42 | 37 | 34 | 29 | 30 | 31 | 31 | 35 | **35** | **18** |
| Before 3 years | 60 | 57 | 59 | 54 | 51 | 47 | 40 | 37 | 34 | 34 | 38 | 38 | **39** | **36** | **18** |
| Before 4 years | 62 | 58 | 61 | 56 | 53 | 49 | 42 | 41 | 37 | 38 | 41 | **41** | **40** | **36** | **18** |
| **Balance of State** | | | | | | | | | | | | | | | |
| Total placed in foster care | 2,630 | 2,608 | 2,750 | 2,682 | 2,929 | 2,978 | 3,202 | 3,342 | 3,464 | 3,811 | 3,316 | 2,888 | 2,423 | 2,555 | 2,516 |
| Number still in care 6/30/2000 | 12 | 41 | 55 | 54 | 66 | 65 | 155 | 168 | 241 | 346 | 399 | 514 | 680 | 1,102 | 1,653 |
| Percent still in care 6/30/2000 | 0 | 2 | 2 | 2 | 2 | 2 | 5 | 5 | 7 | 9 | 12 | 18 | 28 | 43 | 66 |
| Percent Reunified: | | | | | | | | | | | | | | | |
| Before 1 month | 19 | 18 | 15 | 12 | 13 | 13 | 11 | 11 | 9 | 9 | 10 | 8 | 9 | 8 | 7 |
| Before 3 months | 35 | 33 | 29 | 26 | 25 | 23 | 20 | 19 | 18 | 16 | 18 | 15 | 18 | 14 | 14 |
| Before 6 months | 44 | 42 | 38 | 35 | 34 | 32 | 27 | 27 | 24 | 22 | 25 | 20 | 24 | 21 | 20 |
| Before 12 months | 54 | 51 | 48 | 44 | 43 | 41 | 37 | 37 | 34 | 32 | 34 | 30 | 32 | 33 | **26** |
| Before 18 months | 58 | 56 | 54 | 49 | 50 | 48 | 43 | 43 | 40 | 38 | 40 | 38 | 39 | 38 | **27** |
| Before 2 years | 61 | 60 | 57 | 53 | 53 | 53 | 47 | 46 | 45 | 43 | 44 | 43 | 43 | **41** | **27** |
| Before 3 years | 65 | 64 | 61 | 59 | 58 | 58 | 52 | 51 | 50 | 47 | 49 | 49 | **47** | **42** | **27** |
| Before 4 years | 66 | 66 | 63 | 62 | 60 | 61 | 55 | 54 | 52 | 50 | 51 | **51** | **47** | **42** | **27** |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes.* (1) Data are as of June 30, 2000. (2) Shaded areas represent partially censored observations, meaning that all of the entries had not yet reached the associated time point.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

There is considerable regional variation in reunification rates for children entering foster care for the first time. Children living outside Chicago are much more likely to be reunified. Twenty-three percent of Chicago children entering foster care in 1995 were reunified in less than 4 years. In contrast, 41 percent of children from the suburban ring and 51 percent of children from the balance of the state were reunified with their families in less than 4 years. Since 1995, reunification rates for children from the balance of the state have remained stable while rates for children in Chicago and the suburban ring have fluctuated.

*Reentry.* Not all reunifications or adoptions are permanent. Children often reenter foster care because they are abused or neglected again. Table 7–10 shows the percentage of children who reenter foster care after reunification with their natural parents. As the table shows, over most of the time period, rates of reentry have averaged 20 percent within 1 year of exit from foster care. Over half of those children

**Table 7–10. Cumulative Rates of Reentry in Foster Care After Reunification with Natural Parents, by Region, 1985–1999 Exit Cohorts from First Spell**

| | Year of Reunification | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **Illinois, Total** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 3,648 | 3,331 | 3,185 | 3,290 | 3,274 | 3,357 | 3,196 | 3,363 | 3,044 | 3,318 | 3,648 | 3,650 | 3,820 | 3,666 | 3,299 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 12 | 13 | 14 | 11 | 13 | 14 | 15 | 13 | 15 | 15 | 13 | 12 | 12 | 10 | 10 |
| Within 12 months | 18 | 19 | 20 | 18 | 20 | 20 | 23 | 20 | 22 | 21 | 19 | 18 | 17 | 15 | 14 |
| **Chicago** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 1,272 | 1,033 | 912 | 1,112 | 1,115 | 1,059 | 974 | 1,050 | 782 | 956 | 1,098 | 1,387 | 1,619 | 1,709 | 1,473 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 8 | 11 | 9 | 9 | 10 | 13 | 13 | 9 | 10 | 11 | 8 | 7 | 7 | 5 | 5 |
| Within 12 months | 12 | 16 | 16 | 16 | 18 | 20 | 23 | 18 | 20 | 20 | 13 | 12 | 10 | 9 | 7 |
| **Suburban Ring**[a] | | | | | | | | | | | | | | | |
| Total returned home from foster care | 543 | 572 | 585 | 515 | 504 | 524 | 413 | 536 | 400 | 573 | 618 | 618 | 620 | 541 | 478 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 14 | 11 | 11 | 9 | 13 | 14 | 16 | 14 | 12 | 15 | 10 | 13 | 11 | 11 | 11 |
| Within 12 months | 18 | 17 | 17 | 15 | 17 | 17 | 23 | 20 | 17 | 20 | 13 | 19 | 17 | 13 | 15 |
| **Balance of State** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 1,833 | 1,726 | 1,688 | 1,663 | 1,655 | 1,774 | 1,809 | 1,777 | 1,862 | 1,789 | 1,932 | 1,645 | 1,581 | 1,416 | 1,348 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 15 | 15 | 18 | 14 | 16 | 15 | 15 | 16 | 18 | 16 | 17 | 16 | 16 | 15 | 15 |
| Within 12 months | 22 | 21 | 24 | 21 | 23 | 21 | 23 | 22 | 24 | 22 | 23 | 23 | 23 | 22 | 21 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Shaded areas represent partially censored observations, meaning that all of the entries had not yet reached the associated time point.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

returned within 6 months of their return to their natural parents. Beginning in 1995, we see the start of a slight decline in the percentage of children returning to foster care. In 1998, 15 percent of Illinois children who were reunified returned to foster care within 12 months, the lowest rate registered over the 15-year time period.

There are several factors that have an effect on the rates of reentry to care. We examined the reentry rates by region, time in foster care, and type of foster care. Since 1995, the rate of reentry has been lower in Chicago than in the balance of the state or the suburban ring (see Table 7–10). During this time, rates in Chicago were generally one-third to one-half of those in the suburban ring and the balance of the state. This may be due in part to the differences in the types of placements that are being used in the regions. The increased use of relatives' homes in Chicago may also be the cause of the lower reentry rates. Children who are placed in homes of relatives are nearly one-third less likely to reenter foster care after being reunified than children who are reunified from traditional or specialized foster care (see Table 7–11). In general, it seems that children who are reunified after being placed in group homes or institutions are most likely to reenter foster care. Finally, rates of reentry vary by the amount of time that a child spends in foster care. In general, children in foster care for the shortest amount of time before returning to their natural parents have the highest rates of reentry (see Table 7–12). This is increasingly true for recent cohorts. In 1998, 25 percent of children who were reunified after less than 3 months in foster care reentered care within 12 months. This compares with 18 percent of children in 1998 who stayed in care for 3 to 12 months, 13 percent of children who stayed 12 to 36 months, and 9 percent of children in care for over 3 years.

*Adoption.* Adoption has received increased policy attention in recent years, and the most recent child welfare legislation, the 1997 Adoption and Safe Families Act, pays particular attention to it, addressing known obstacles to adoption, especially for those children whose case history precludes reunification. The data on adoption among children in Illinois's child welfare system would seem to reflect this increased attention.

Table 7–13 presents data on children adopted in Illinois between 1985 and 1999. In 1985, the annual number of adoptions stood at 680. By 1999, that had increased elevenfold, to 7,588 adoptions, with the largest increases occurring in 1998 and 1999. The number of adoptions varies by race and ethnicity, and the pattern has changed significantly across the period. In 1985, more white children (52%) were adopted than African American children

### Table 7–11. Cumulative Rates of Reentry in Foster Care After Reunification with Natural Parents, by Type of Previous Care, 1985–1999 Exit Cohorts from First Spell

|  | Year of Reunification |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of Previous Care | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **Traditional and Specialized Foster Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total returned home from foster care | 2,243 | 2,006 | 1,896 | 1,873 | 1,736 | 1,751 | 1,586 | 1,483 | 1,341 | 1,249 | 1,288 | 1,284 | 1,331 | 1,296 | 1,305 |
| Percent Reentered: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Within 6 months | 13 | 14 | 14 | 11 | 14 | 14 | 14 | 12 | 16 | 14 | 15 | 14 | 13 | 13 | 14 |
| Within 12 months | 19 | 20 | 21 | 18 | 21 | 20 | 21 | 18 | 22 | 20 | 21 | 20 | 19 | 18 | 19 |
| **Group Homes and Institutions** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total returned home from foster care | 353 | 366 | 400 | 358 | 370 | 416 | 337 | 423 | 449 | 525 | 604 | 543 | 434 | 339 | 267 |
| Percent Reentered: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Within 6 months | 21 | 21 | 21 | 27 | 20 | 22 | 24 | 25 | 26 | 21 | 19 | 20 | 18 | 18 | 17 |
| Within 12 months | 25 | 26 | 29 | 34 | 29 | 30 | 32 | 32 | 35 | 30 | 28 | 27 | 24 | 24 | 22 |
| **Other Out-of-Home Care**[a] |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total returned home from foster care | 135 | 151 | 98 | 95 | 78 | 98 | 129 | 109 | 98 | 162 | 155 | 148 | 99 | 90 | 48 |
| Percent Reentered: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Within 6 months | 11 | 11 | 13 | 8 | 18 | 10 | 14 | 18 | 12 | 15 | 13 | 11 | 6 | 6 | 17 |
| Within 12 months | 19 | 14 | 18 | 13 | 24 | 15 | 20 | 20 | 23 | 17 | 14 | 14 | 7 | 9 | 19 |
| **Relative Foster Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total returned home from foster care | 917 | 808 | 791 | 964 | 1,090 | 1,092 | 1,144 | 1,348 | 1,156 | 1,382 | 1,601 | 1,675 | 1,956 | 1,941 | 1,679 |
| Percent Reentered: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Within 6 months | 8 | 8 | 10 | 7 | 10 | 12 | 13 | 11 | 11 | 12 | 9 | 9 | 10 | 7 | 6 |
| Within 12 months | 13 | 13 | 15 | 13 | 17 | 16 | 22 | 18 | 18 | 19 | 13 | 14 | 14 | 12 | 8 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Shaded areas represent partially censored observations, meaning that all of the entries had not yet reached the associated time point.

[a] Other out-of-home care includes independent living, runaway, other, and unknown placement types.

(41%), even though African American children represented a larger proportion of the caseload. By 1999, the opposite was true. Over 80 percent of adoptions involved African American children while 13 percent involved white children. There are less striking differences in the age distribution over time. The number of adoptions by age at the time of adoption has been generally bell-shaped since 1985 and has remained so in recent years, with small percentages of the adoptions occurring before the age of 2 or after the age of 13.

The cumulative rates of adoptions have also been increasing over time. For children entering foster care in 1997, 5 percent have been adopted by the time they have been in care for 2 years (see Table 7–14). This is the highest rate since 1985. Another example of increasing adoptions is the rate among children entering foster care in 1993. Twenty-five percent of them have been adopted within 6 years. The figures

## Table 7–12. Cumulative Rates of Reentry in Foster Care After Reunification with Natural Parents, by Length of Time in Care, 1985–1999 Exit Cohorts from First Spell

| | Year of Reunification | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Length of Time in Care | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **0 to 3 Months** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 1,768 | 1,681 | 1,584 | 1,414 | 1,395 | 1,348 | 1,192 | 1,172 | 1,112 | 1,313 | 1,241 | 979 | 860 | 681 | 598 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 14 | 14 | 14 | 13 | 16 | 17 | 18 | 17 | 18 | 21 | 17 | 19 | 18 | 21 | 19 |
| Within 12 months | 19 | 20 | 21 | 20 | 23 | 22 | 26 | 22 | 24 | 27 | 22 | 27 | 26 | 25 | 24 |
| **3 to 12 Months** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 876 | 768 | 816 | 975 | 897 | 924 | 834 | 966 | 774 | 793 | 977 | 739 | 756 | 608 | 689 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 13 | 14 | 13 | 10 | 14 | 13 | 17 | 12 | 15 | 13 | 11 | 10 | 13 | 12 | 12 |
| Within 12 months | 20 | 23 | 19 | 18 | 21 | 19 | 26 | 22 | 22 | 20 | 17 | 15 | 18 | 18 | 18 |
| **12 to 36 Months** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 680 | 631 | 562 | 679 | 711 | 794 | 813 | 853 | 840 | 861 | 996 | 1,305 | 1,370 | 1,266 | 1,086 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 9 | 11 | 15 | 11 | 11 | 11 | 10 | 11 | 14 | 9 | 12 | 11 | 8 | 7 | 9 |
| Within 12 months | 14 | 15 | 20 | 17 | 18 | 17 | 19 | 17 | 22 | 16 | 20 | 17 | 13 | 13 | 11 |
| **36 or More Months** | | | | | | | | | | | | | | | |
| Total returned home from foster care | 324 | 251 | 223 | 222 | 271 | 291 | 357 | 372 | 318 | 351 | 434 | 627 | 834 | 1,111 | 926 |
| Percent Reentered: | | | | | | | | | | | | | | | |
| Within 6 months | 11 | 7 | 11 | 11 | 8 | 13 | 11 | 10 | 8 | 8 | 7 | 8 | 8 | 5 | 4 |
| Within 12 months | 14 | 11 | 17 | 13 | 12 | 17 | 14 | 15 | 16 | 13 | 10 | 10 | 13 | 9 | 8 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Shaded areas represent partially censored observations, meaning that all of the entries had not yet reached the associated time point.

for all cohorts placed in the 1990s make dramatic increases in their adoption rate during the late 1990s, meaning that much of the increase has been due to increased effort by the child welfare system to complete adoptions.

While there has been improvement in all regions of the state, the greatest increases have been in Chicago, where the cumulative percentage of adoptions is greater than that of the entire Illinois caseload. This is especially evident for children who entered care between 1989 and 1993. Significant percentages of these children were adopted after more than 5 years in foster care. For example, 7 percent of the 1991 entry cohort in Chicago was adopted between their 7th and 8th year in foster care (from 20% to 27%). Ten percent of the 1992 entry cohort was adopted between their 6th and 7th year in foster care, and 12 percent of the 1993 entry cohort was adopted between their 5th and 6th year in foster care.

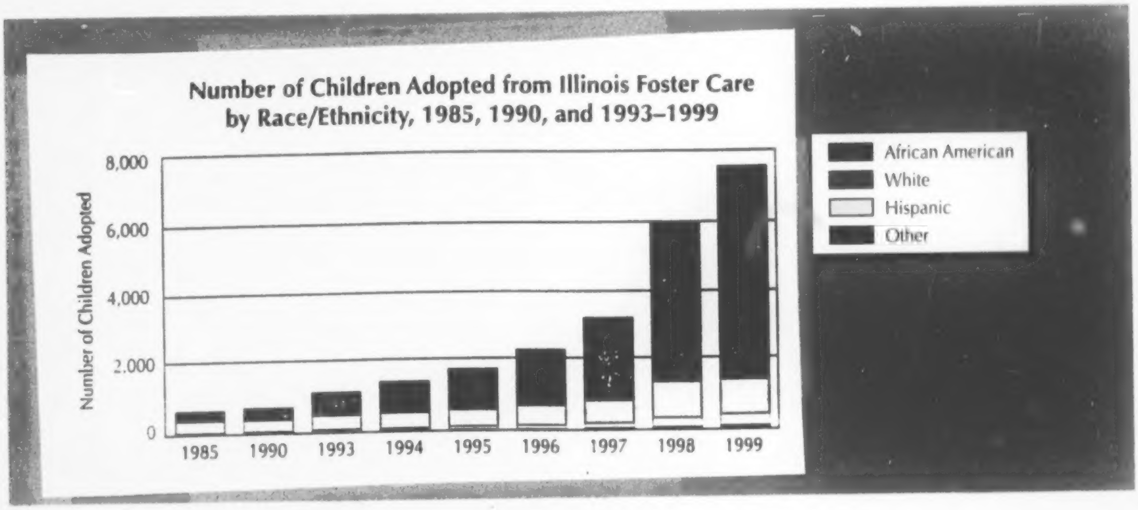
**Table 7–13. Number of Children Adopted from Illinois Foster Care, by Race/Ethnicity, Gender, and Age at Adoption, 1985, 1990, and 1993–1999**

| | 1985 | | 1990 | | 1993 | | 1994 | | 1995 | | 1996 | | 1997 | | 1998 | | 1999 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Total | 680 | 100 | 746 | 100 | 1,164 | 100 | 1,438 | 100 | 1,778 | 100 | 2,321 | 100 | 3,233 | 100 | 5,948 | 100 | 7,588 | 100 |
| **Race/Ethnicity** | | | | | | | | | | | | | | | | | | |
| African American | 281 | 41 | 347 | 47 | 666 | 57 | 893 | 62 | 1,169 | 66 | 1,605 | 69 | 2,378 | 74 | 4,560 | 77 | 6,146 | 81 |
| Hispanic | 27 | 4 | 41 | 5 | 68 | 6 | 63 | 4 | 87 | 5 | 105 | 5 | 138 | 4 | 259 | 4 | 324 | 4 |
| White | 351 | 52 | 335 | 45 | 410 | 35 | 458 | 32 | 487 | 27 | 577 | 25 | 658 | 20 | 1,048 | 18 | 1,008 | 13 |
| Other[a] | 21 | 3 | 23 | 3 | 20 | 2 | 24 | 2 | 35 | 2 | 34 | 1 | 59 | 2 | 81 | 1 | 110 | 1 |
| **Gender** | | | | | | | | | | | | | | | | | | |
| Females | 327 | 48 | 360 | 48 | 567 | 49 | 715 | 50 | 870 | 49 | 1,155 | 50 | 1,619 | 50 | 3,067 | 52 | 3,788 | 50 |
| Males | 353 | 52 | 386 | 52 | 596 | 51 | 723 | 50 | 908 | 51 | 1,164 | 50 | 1,611 | 50 | 2,879 | 48 | 3,790 | 50 |
| **Age at Adoption** | | | | | | | | | | | | | | | | | | |
| Less than 1 | 25 | 4 | 72 | 10 | 59 | 5 | 43 | 3 | 59 | 3 | 44 | 2 | 36 | 1 | 62 | 1 | 47 | 1 |
| 1 to 2 | 88 | 13 | 128 | 17 | 165 | 14 | 155 | 11 | 151 | 8 | 208 | 9 | 284 | 9 | 529 | 9 | 601 | 8 |
| 3 to 4 | 118 | 17 | 125 | 17 | 234 | 20 | 265 | 18 | 350 | 20 | 454 | 20 | 679 | 21 | 1,229 | 21 | 1,403 | 18 |
| 5 to 6 | 116 | 17 | 113 | 15 | 222 | 19 | 292 | 20 | 359 | 20 | 441 | 19 | 667 | 21 | 1,154 | 19 | 1,448 | 19 |
| 7 to 9 | 130 | 19 | 143 | 19 | 251 | 22 | 322 | 22 | 411 | 23 | 564 | 24 | 792 | 24 | 1,440 | 24 | 1,972 | 26 |
| 10 to 12 | 99 | 15 | 85 | 11 | 150 | 13 | 214 | 15 | 270 | 15 | 357 | 15 | 489 | 15 | 924 | 16 | 1,323 | 17 |
| 13 to 15 | 76 | 11 | 59 | 8 | 67 | 6 | 104 | 7 | 132 | 7 | 188 | 8 | 221 | 7 | 471 | 8 | 638 | 8 |
| Over 16 | 27 | 4 | 21 | 3 | 16 | 1 | 43 | 3 | 46 | 3 | 65 | 3 | 65 | 2 | 139 | 2 | 156 | 2 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Children whose gender or age is unknown are excluded.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.



## Table 7–14. Cumulative Rates of Adoption from First Foster Care Spells, by Region, 1985–1999

| Region | Year of Entry | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| **Illinois, Total** | | | | | | | | | | | | | | | |
| Total placed in foster care | 5,487 | 5,491 | 6,559 | 6,545 | 6,976 | 7,005 | 8,915 | 9,536 | 9,877 | 13,348 | 10,918 | 9,601 | 7,055 | 6,828 | 5,393 |
| Number still in care 6/30/2000 | 123 | 178 | 283 | 446 | 509 | 626 | 1,035 | 1,321 | 1,502 | 2,570 | 2,392 | 2,827 | 3,034 | 4,216 | 4,118 |
| Percent still in care 6/30/2000 | 2 | 3 | 4 | 7 | 7 | 9 | 12 | 14 | 15 | 19 | 22 | 29 | 43 | 62 | 76 |
| Percent Adopted: | | | | | | | | | | | | | | | |
| Before 1 month | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 3 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 12 months | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| Before 18 months | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 1 |
| Before 2 years | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 3 | 5 | 6 | 1 |
| Before 3 years | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 3 | 4 | 7 | 11 | 14 | 7 | 1 |
| Before 4 years | 5 | 5 | 5 | 5 | 6 | 7 | 6 | 7 | 8 | 11 | 18 | 23 | 16 | 7 | 1 |
| Before 5 years | 6 | 6 | 6 | 6 | 8 | 10 | 10 | 11 | 16 | 21 | 26 | 24 | 16 | 7 | 1 |
| Before 6 years | 7 | 7 | 8 | 9 | 11 | 13 | 13 | 17 | 25 | 28 | 27 | 24 | 16 | 7 | 1 |
| Before 7 years | 8 | 8 | 9 | 10 | 14 | 16 | 19 | 24 | 30 | 28 | 27 | 24 | 16 | 7 | 1 |
| Before 8 years | 9 | 9 | 10 | 11 | 15 | 18 | 23 | 28 | 30 | 28 | 27 | 24 | 16 | 7 | 1 |
| Before 9 years | 9 | 9 | 11 | 13 | 17 | 21 | 25 | 28 | 30 | 28 | 27 | 24 | 16 | 7 | 1 |
| **Chicago** | | | | | | | | | | | | | | | |
| Total placed in foster care | 1,939 | 2,022 | 2,807 | 2,971 | 3,048 | 3,061 | 4,650 | 5,069 | 5,128 | 7,648 | 5,988 | 5,337 | 3,573 | 3,365 | 2,096 |
| Number still in care 6/30/2000 | 105 | 118 | 207 | 357 | 393 | 486 | 795 | 1,026 | 1,121 | 1,931 | 1,707 | 1,974 | 1,953 | 2,613 | 1,843 |
| Percent still in care 6/30/2000 | 5 | 6 | 7 | 12 | 13 | 16 | 17 | 20 | 22 | 25 | 29 | 37 | 55 | 78 | 88 |
| Percent Adopted: | | | | | | | | | | | | | | | |
| Before 1 month | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 3 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 12 months | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| Before 18 months | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 1 |
| Before 2 years | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 5 | 4 | 1 |
| Before 3 years | 3 | 3 | 2 | 3 | 2 | 2 | 1 | 1 | 2 | 2 | 6 | 12 | 15 | 5 | 1 |
| Before 4 years | 5 | 4 | 4 | 4 | 4 | 5 | 4 | 5 | 6 | 10 | 19 | 27 | 17 | 5 | 1 |
| Before 5 years | 6 | 5 | 5 | 6 | 6 | 9 | 9 | 10 | 17 | 23 | 30 | 28 | 17 | 5 | 1 |
| Before 6 years | 8 | 6 | 6 | 8 | 10 | 14 | 13 | 18 | 29 | 31 | 31 | 28 | 17 | 5 | 1 |
| Before 7 years | 9 | 8 | 8 | 10 | 14 | 18 | 20 | 28 | 37 | 32 | 31 | 28 | 17 | 5 | 1 |
| Before 8 years | 10 | 8 | 10 | 12 | 16 | 23 | 27 | 33 | 37 | 32 | 31 | 28 | 17 | 5 | 1 |
| Before 9 years | 10 | 9 | 12 | 14 | 19 | 26 | 31 | 34 | 37 | 32 | 31 | 28 | 17 | 5 | 1 |

(continued)

## Table 7-14. (continued)

| Region | Year of Entry<br>1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Suburban Ring**[a] | | | | | | | | | | | | | | | |
| Total placed in foster care | 918 | 861 | 1,002 | 892 | 999 | 966 | 1,063 | 1,125 | 1,285 | 1,889 | 1,614 | 1,376 | 1,059 | 908 | 781 |
| Number still in care 6/30/2000 | 6 | 19 | 21 | 35 | 50 | 75 | 85 | 127 | 140 | 293 | 286 | 339 | 401 | 501 | 622 |
| Percent still in care 6/30/2000 | 1 | 2 | 2 | 4 | 5 | 8 | 8 | 11 | 11 | 16 | 18 | 25 | 38 | 55 | 80 |
| Percent Adopted: | | | | | | | | | | | | | | | |
| Before 1 month | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 3 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 12 months | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 |
| Before 18 months | 2 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 2 | 3 | 1 |
| Before 2 years | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 2 | 5 | 4 | 1 |
| Before 3 years | 3 | 5 | 3 | 3 | 2 | 3 | 4 | 4 | 4 | 4 | 7 | 8 | 12 | 6 | 1 |
| Before 4 years | 4 | 5 | 5 | 4 | 5 | 5 | 6 | 8 | 10 | 11 | 15 | 17 | 14 | 6 | 1 |
| Before 5 years | 5 | 7 | 6 | 6 | 8 | 9 | 9 | 11 | 17 | 19 | 22 | 18 | 14 | 6 | 1 |
| Before 6 years | 6 | 8 | 6 | 9 | 9 | 12 | 12 | 15 | 23 | 24 | 23 | 18 | 14 | 6 | 1 |
| Before 7 years | 6 | 8 | 7 | 10 | 12 | 14 | 16 | 21 | 26 | 25 | 23 | 18 | 14 | 6 | 1 |
| Before 8 years | 7 | 9 | 8 | 11 | 13 | 16 | 21 | 23 | 27 | 25 | 23 | 18 | 14 | 6 | 1 |
| Before 9 years | 7 | 9 | 8 | 12 | 14 | 18 | 22 | 23 | 27 | 25 | 23 | 18 | 14 | 6 | 1 |
| **Balance of State** | | | | | | | | | | | | | | | |
| Total placed in foster care | 2,630 | 2,608 | 2,750 | 2,682 | 2,929 | 2,978 | 3,202 | 3,342 | 3,464 | 3,811 | 3,316 | 2,888 | 2,423 | 2,555 | 2,516 |
| Number still in care 6/30/2000 | 12 | 41 | 55 | 54 | 66 | 65 | 155 | 168 | 241 | 346 | 399 | 514 | 680 | 1,102 | 1,653 |
| Percent still in care 6/30/2000 | 0 | 2 | 2 | 2 | 2 | 2 | 5 | 5 | 7 | 9 | 12 | 18 | 28 | 43 | 66 |
| Percent Adopted: | | | | | | | | | | | | | | | |
| Before 1 month | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 3 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Before 12 months | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 1 |
| Before 18 months | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 5 | 1 |
| Before 2 years | 2 | 3 | 2 | 2 | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 4 | 6 | 9 | 1 |
| Before 3 years | 3 | 4 | 4 | 4 | 6 | 7 | 6 | 7 | 6 | 6 | 8 | 11 | 13 | 10 | 1 |
| Before 4 years | 6 | 6 | 6 | 6 | 8 | 9 | 9 | 11 | 10 | 12 | 16 | 19 | 15 | 10 | 1 |
| Before 5 years | 7 | 7 | 8 | 8 | 11 | 11 | 12 | 14 | 15 | 18 | 20 | 20 | 15 | 10 | 1 |
| Before 6 years | 8 | 8 | 9 | 9 | 12 | 13 | 14 | 17 | 18 | 22 | 21 | 20 | 15 | 10 | 1 |
| Before 7 years | 8 | 8 | 10 | 10 | 14 | 14 | 16 | 19 | 20 | 22 | 21 | 20 | 15 | 10 | 1 |
| Before 8 years | 9 | 9 | 11 | 11 | 15 | 15 | 18 | 21 | 21 | 22 | 21 | 20 | 15 | 10 | 1 |
| Before 9 years | 9 | 9 | 12 | 11 | 15 | 16 | 19 | 21 | 21 | 22 | 21 | 20 | 15 | 10 | 1 |

*Source:* Illinois Department of Children and Family Services Integrated Database, Chapin Hall Center for Children. Chapin Hall staff analysis.

*Notes:* (1) Data are as of June 30, 2000. (2) Shaded areas represent partially censored observations, meaning that all of the entries had not yet reached the associated time point.

[a] Includes suburban Cook, DuPage, Kane, Lake, McHenry, and Will counties.

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## NOTES

1 See, e.g., Allen, M., Golubock, C., & Olson, L. (1983). A guide to the Adoption Assistance and Child Welfare Act of 1980. In M. Hardin, (Ed.), *Foster children in the courts*. Boston: Butterworth Legal Publishers.

2 Rossi, P., Schuerman, J., & Budde, S. (1999). Understanding decisions about child maltreatment. *Evaluation Review, 23* (6), 579-598.

3 Illinois Department of Children and Family Services. Illinois HMR Reform Plan. (1995). Springfield: Illinois Department of Children and Family Services.

4 Goerge, R. M. (1990). The reunification process in substitute care. *Social Service Review, 64* (3), 422-57; and Goerge, R. M. & Lee, B. J. (1998). *Reunification of children in substitute care in Illinois, 1987–1996: An update*. Unpublished manuscript.

5 For recent entry cohorts in some regions of the state, the median duration could not be estimated because not enough children were observed to leave care.

6 Goerge, R. M., Wulczyn, F. H., & Harden, A. W. (1994). *A report from the multistate foster care data archive: Foster care dynamics 1983-1992*. Chicago: Chapin Hall Center for Children.

7 Goerge, R. M., & Lee, B. J. (1998). *Reunification of children in substitute care in Illinois, 1987-1996: An update*. Unpublished manuscript.

## CHAPTER 8

# CHILDREN WITH SPECIAL NEEDS

Children with special needs—those with physical, developmental, behavioral or emotional conditions who require health and other services of a type or amount beyond those required by children generally—are among the state's most vulnerable children. Programs designed to meet their needs range from special education and human services to health insurance coverage and cash assistance. A goal of many of these programs is to allow children with special needs to live normal lives—to live at home among family and to function in the mainstream of society.

Illinois offers four programs that are relevant to children with special needs, especially those living in poverty: 1) special education; 2) Aid to the Aged, Blind, and Disabled (AABD)[1]; 3) Medicaid disability services[2]; and, 4) inpatient services offered by the Office of Mental Health and the Office of Developmental Disabilities in the Illinois Department of Human Services (IDHS)—formerly the Illinois Department of Mental Health and Developmental Disabilities (DMHDD).

Although good information about the population with special needs, such as the size of the population and the nature of service needs, is needed to monitor and to plan for the population's needs, data sources are very scarce, especially at the state level. We use participation in these programs as an indicator for special needs. We assume that most children with special needs will use one of these programs—especially special education—because it serves children with special needs regardless of income. This assumption will likely exclude children whose needs are addressed entirely through private means—those children from families with higher incomes who have the capacity and resources to address their children's needs without public support and those children whose needs are not identified or who do not meet the eligibility criteria of the four programs.

There are other programs addressing children's special needs

*This chapter was prepared by Robert Goerge and Lucy Mackey Bilaver.*

that we do not cover in this chapter.[3] Although these programs are of significant importance for these children, it is likely that the number of children we exclude is very small and that most of them also participate in one of the four programs that we do report on.

In this chapter, we analyze administrative data collected by these programs across four state fiscal years. We begin with fiscal year 1990, which covers the period between July 1, 1989 to June 30, 1990 and continue through fiscal year 1994. Because more recent data were unavailable, we cannot address changes in the use of these programs since welfare reform. This time period, however, does capture an important ruling by the Supreme Court (*Sullivan v. Zebley*) in 1990. Following the decision, SSI enrollment increased markedly. The court ruled that the criteria used by the Social Security Administration unfairly exempted certain children from receiving SSI. The court also determined that the list of children's disabilities was not exhaustive and included only the more common impairments. Later, in 1996, welfare reform curtailed the definition of disability, limiting it to "marked and severe functional limitations."[4] Also during this time period, greater access to mental health services was granted to poor children receiving Medicaid. In 1992, mental health services, in particular, were expanded through the implementation of the Medicaid Clinic/Rehab Options program that provided for reimbursements by Medicaid for a wide array of mental health services offered in community mental health centers and other settings.

Simply adding up the numbers of children in all of the programs listed above may result in double or triple counts of some children and fail to yield an accurate figure of the number of children with special needs. Not only do we look at each of these programs separately, but we also combine the data on all of the children to arrive at an unduplicated count of children participating in programs that address their special needs—a count that, as far as we know, has never been undertaken in Illinois. Combining data across the four programs also allows us to see how many children use multiple services—another important gauge of need in the state. By understanding how children use combinations of the four programs, we can better understand the circumstances of children with special needs. Knowing, for example, that a child attends a special education program and receives Medicaid through AABD provides information about the financial needs of that child's family. Although service use is an imperfect measure of need, it does shed light on the relative size of the groups of children with special needs who use the most services.

In the following sections, we describe the entire population of

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**Table 8–1. Prevalence Rates of Special Needs Measured by Service Use in Four Programs,[a] FY 1990–FY 1994**

| | Number of Children with Special Needs | Rate per 1,000 Illinois Children Ages 0 to 17 |
|---|---|---|
| FY 1990 | 265,762 | 90 |
| FY 1991 | 275,501 | 92 |
| FY 1992 | 291,476 | 96 |
| FY 1993 | 295,257 | 97 |
| FY 1994 | 310,612 | 101 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Special education, Aid to the Aged, Blind and Disabled (AABD), Medicaid, and mental health services.

children with special needs and then each of the four program populations.

## Demographic Characteristics of Children and Adolescents with Special Needs

The number of children with special needs who participated in the four programs in Illinois increased approximately 17 percent between 1990 and 1994, from 265,762 children to 310,612 in 1994 (see Table 8–1). The prevalence increased from 90 to 101 children per 1,000 children in the Illinois child population.[5] During this period, there was significant variation in both the prevalence of special needs and change in prevalence over the time period according to race/ethnicity, gender, age, region, and type of special need. These differences may be due as much to changes in identification by government programs of children as having special needs as to differences in the actual severity or incidence of those needs.

*Race/ethnicity.* Our analysis showed that in 1990 special needs were 35 percent more prevalent among African American children

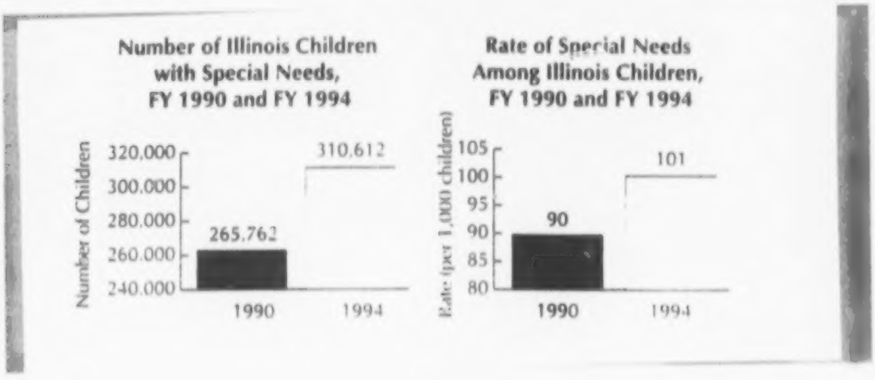


**Table 8–2. Prevalence Rates of Special Needs (per 1,000 Illinois children) by Race/Ethnicity, FY 1990 and FY 1994**

| Race/Ethnicity | FY 1990 | FY 1994 |
|---|---|---|
| White | 90 | 95 |
| African American | 121 | 149 |
| Hispanic | 56 | 70 |
| Other[a] | 39 | 39 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and unidentified races/ethnicities.

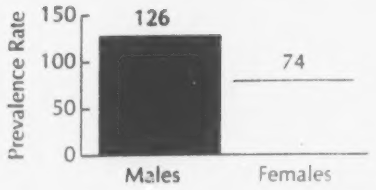
than among white children (see Table 8–2). The prevalence rate among Hispanic children was 61 percent that of white children. By 1994, the difference in the rate of special needs between African American and white children had increased, while the difference between Hispanic children and white children had decreased.

*Gender.* According to Table 8–3, in 1990, the prevalence rate of special needs among male children was nearly twice that of female children (114.18 per 1,000 vs. 65.46 per 1,000). This disparity remained constant over the time period of our analysis.

*Age.* There were also differences by age group, which one might expect, given both the onset of various disabling conditions and the target age groups of the programs. The highest prevalence rates were among 10- to 14-year-olds, 14 percent of whose families sought help for them in 1990 (143.53 per 1,000 Illinois children). This may in part reflect the stress that families experience in addressing the needs of adolescent children. One would expect families of younger children to be less likely to seek assistance, either because the children's disabilities have not yet manifested, or because families feel that they can adequately address the younger child's needs. Infants may represent an exception to this generalization—in 1990 about 50 percent more infants received assistance for special needs than children ages 1 to 4 (52.23 per 1,000 vs. 34.29 per 1,000). This may be due to early intervention as well as an intention to intervene with the most medically vulnerable. Moreover, since many poor mothers are Medicaid eligible when they have their children, it is more likely that their children will receive care and screening to identify disabilities.

The infant and 1-to-4-age groups have experienced the greatest increase in prevalence, a 53 and 38

**Prevalence Rates of Male and Female Special Needs Children, FY 1994**



percent increase respectively during the 5-year time period. In fact, the prevalence among the older age groups did not increase more than 10 percent. When we look at participation in each of the four programs, we find that the high overall prevalence among infants and children ages 1 to 4 is due largely to receiving treatment for disabilities through the Medicaid program.

*Region.* With regard to geographic distribution, in 1990, there was a slightly higher prevalence rate outside of Cook County (83 per 1,000 children in Cook County compared to 96.08 per 1,000 in the balance of the state, as shown in Table 8–3). The gap closed somewhat by 1994, although the prevalence in both regions increased. It is not clear whether this difference be-

**Table 8–3. Prevalence Rates of Special Needs (per 1,000 Illinois children) by Gender, Age at Start of Fiscal Year, Region, and Type of Special Need, FY 1990–FY 1994**

| | FY 1990 | FY 1991 | FY 1992 | FY 1993 | FY 1994 | Ratio of FY 1994 to FY 1990 Prevalence |
|---|---|---|---|---|---|---|
| **Gender** | | | | | | |
| Male | 114.18 | 115.93 | 121.74 | 121.74 | 126.35 | 1.11 |
| Female | 65.46 | 67.66 | 69.97 | 70.67 | 73.57 | 1.12 |
| **Age at Start of FY** | | | | | | |
| Infants | 52.23 | 68.38 | 73.32 | 78.08 | 80.10 | 1.53 |
| 1 to 4 | 34.29 | 38.35 | 40.52 | 44.08 | 47.29 | 1.38 |
| 5 to 9 | 101.30 | 101.62 | 105.93 | 104.19 | 107.93 | 1.07 |
| 10 to 14 | 143.53 | 143.72 | 152.59 | 151.13 | 157.60 | 1.10 |
| 15 to 17 | 93.39 | 91.85 | 91.97 | 92.55 | 93.97 | 1.01 |
| **Region** | | | | | | |
| Cook County | 83.00 | 85.75 | 92.04 | 90.36 | 96.09 | 1.16 |
| Balance of state | 96.08 | 97.42 | 99.86 | 101.70 | 104.00 | 1.08 |
| **Type of Special Need** | | | | | | |
| Autistic | 0.01 | 0.02 | 0.12 | 0.20 | 0.25 | 24.95 |
| Behavior disordered | 11.35 | 10.97 | 11.93 | 12.25 | 14.45 | 1.27 |
| Deaf/blind | 2.00 | 2.09 | 2.24 | 2.54 | 2.58 | 1.29 |
| Learning disabled | 35.17 | 35.66 | 38.10 | 36.35 | 36.46 | 1.04 |
| Mentally retarded | 7.79 | 7.63 | 7.80 | 7.53 | 7.56 | 0.97 |
| Speech/language impairment | 23.50 | 23.30 | 23.11 | 23.24 | 23.15 | 0.99 |
| Other developmental delays | 0.27 | 0.25 | 0.33 | 0.51 | 0.69 | 2.52 |
| Other physical or mental disabilities | 9.96 | 12.06 | 12.24 | 13.07 | 13.69 | 1.37 |
| Unknown disability | 0.36 | 0.42 | 0.63 | 1.17 | 1.81 | 4.99 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

*From 1990 to 1994, the infant and 1-to-4-age groups experienced the greatest increase in prevalence of children with special needs—53 percent and 38 percent, respectively.*

tween regions represents a true difference in the prevalence of special needs or some other characteristic of program participation.

*Type of special need.* The proportion of the various conditions represented in the special needs population remained fairly constant over the 5 years. In 1990, children with learning disabilities and speech or language impairments represented the majority of the special needs population, followed by children with behavior disorders and children with other physical or mental disabilities (see Table 8–3). During the period, there were increases in the prevalence of behavior disorders and other physical or mental disabilities. Although the number of children with autism is comparatively low, the prevalence rates for these children increased 25 times from 1990 to 1994 (from 0.01 per 1,000 to 0.25 per 1,000). These increases may not reflect an actual change in prevalence, but in the identification criteria for particular disabilities by the programs.

**Table 8–4. Percent of Illinois Children with Special Needs, by Type of Program Participation, FY 1994**

| | % of Special Needs Children |
|---|---|
| **Only 1 program** | 85 |
| AABD | 3 |
| DMHDD inpatient services | <1 |
| Medicaid disability services | 16 |
| Special education | 66 |
| **Only 2 programs** | 11 |
| DMHDD inpatient services and AABD | <1 |
| Medicaid disability services and AABD | 2 |
| Medicaid disability services and DMHDD inpatient services | <1 |
| Special education and AABD | 3 |
| Special education and DMHDD inpatient services | <1 |
| Special education and Medicaid disability services | 6 |
| **Only 3 programs** | 4 |
| Medicaid disability services, AABD, and DMHDD inpatient services | <1 |
| Special education, DMHDD inpatient services, and AABD | <1 |
| Special education, Medicaid disability services, and AABD | 4 |
| Special education, Medicaid disability services, and DMHDD inpatient services | <1 |
| **All 4 programs** | <1 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

## Multiple Service Use

The majority of children with special needs used only one of the four programs within a year. In fiscal year 1994, 85 percent of children with special needs used only one program (see Table 8–4). Of the total population in 1994, 66 percent used only special education, 16 percent used only Medicaid-reimbursed disability services, 3 percent used only AABD, and less than 1 percent used inpatient psychiatric services through DMHDD. In 1994, the most common combination was use of special education and Medicaid disability services (6%) followed by special education, Medicaid disability services, and AABD (4%).

When we examine the prevalence of multiple service use within each of the four programs, we find that children receiving AABD were most likely to participate in other services (see Table 8–5). Seventy-four percent of children receiving AABD were also receiving another service—most often special education and Medicaid disability services. A slightly lower percentage of children served by the DMHDD inpatient services also participated in some other services (72%). Among children receiving Medicaid disability services, 42 percent received another service, which was most often special education. Finally, children in special education were the least likely to participate in another program. The vast majority (83%) of special education children only participated in special education.

## Programs

As shown in Table 8–6, among all Illinois children, participation in special education services was most prevalent in 1994 (79.06 per 1,000 children), followed by Medicaid disability services (28.63 per 1,000 children). AABD, at 11.3 per 1,000, followed, with DMHDD inpatient services serving the fewest—less than 1 child per 1,000. The two programs whose use increased in prevalence were Medicaid disability services and AABD, which are the two programs that saw the most significant policy changes. Participation rates in the other two programs remained steady. The following sections examine the use of each program in greater detail.

### *Special Education*

A public education appropriate to the needs of children with disabilities was federally mandated in 1975 with the Education for All Handicapped Children Act (PL 94-142)—later changed to the Individuals with Disabilities Education Act (IDEA). Prior to its enactment in 1975, many children with disabilities were discouraged or even turned away from public schools; shortly after the act was implemented, the nation's special education rolls began to increase. Between 1990 and 1994 in Illinois, our data show a slight increase, rising from 233,914 children receiving special education services in 1990 to 244,020 in 1994 (see Table 8–6). The largest increase occurred between FY 1991 and FY 1992.

There is wide variation among school districts in the identification of disabilities and in the services provided to children.[6] Several factors affect identification of children as eligible for special education services. They include the resources available to the school district, the characteristics of the children and teachers themselves, the nature of the separation between regular and

**Table 8–5. Profile of Multiservice Use by Illinois Children with Special Needs in FY 1994**

| | Number of Children | Percent of All Children in Special Education |
|---|---|---|
| Special education only | 203,714 | 83 |
| Special education and other services | 40,306 | 17 |
| Special education and AABD only | 8,808 | 4 |
| Special education and DMHDD inpatient services only | 189 | <1 |
| Special education, DMHDD inpatient services, and AABD only | 15 | <1 |
| Special education and Medicaid disability services only | 19,991 | 8 |
| Special education, Medicaid disability services, and AABD only | 11,004 | 5 |
| Special education, Medicaid disability services, and DMHDD inpatient services only | 185 | <1 |
| Special education, Medicaid disability services, AABD, and DMHDD inpatient services | 114 | <1 |
| Total | 244,020 | 100 |

| | Number of Children | Percent of All Children Receiving Medicaid Disability Services |
|---|---|---|
| Medicaid disability services only | 51,197 | 58 |
| Medicaid disability services and other services | 37,173 | 42 |
| Medicaid disability services and AABD only | 5,656 | 6 |
| Medicaid disability services and DMHDD inpatient services only | 168 | <1 |
| Medicaid disability services, AABD, and DMHDD inpatient services only | 55 | <1 |
| Medicaid disability services and special education only | 19,991 | 23 |
| Medicaid disability services, special education, and AABD only | 11,004 | 12 |
| Medicaid disability services, special education, and DMHDD inpatient services only | 185 | <1 |
| Medicaid disability services, special education, AABD, and DMHDD inpatient services | 114 | <1 |
| Total | 88,370 | 100 |

| | Number of Children | Percent of All Children in AABD |
|---|---|---|
| AABD only | 9,223 | 26 |
| AABD and other services | 25,661 | 74 |
| AABD and DMHDD inpatient services only | 9 | <1 |
| AABD and Medicaid disability services only | 5,656 | 16 |
| AABD, Medicaid disability services, and DMHDD inpatient services only | 55 | <1 |
| AABD and special education only | 8,808 | 25 |
| AABD, special education, and DMHDD inpatient services only | 15 | <1 |
| AABD, special education, and Medicaid disability services only | 11,004 | 32 |
| AABD, special education, Medicaid disability services, and DMHDD inpatient services | 114 | <1 |
| Total | 34,884 | 100 |

| | Number of Children | Percent of All Children in DMHDD Inpatient Services |
|---|---|---|
| DMHDD inpatient services only | 284 | 28 |
| DMHDD inpatient services and other services | 735 | 72 |
| DMHDD inpatient services and AABD only | 9 | 1 |
| DMHDD inpatient services and Medicaid disability services only | 168 | 16 |
| DMHDD inpatient services, Medicaid disability services, and AABD only | 55 | 5 |
| DMHDD inpatient services and special education only | 189 | 19 |
| DMHDD inpatient services, special education, and AABD only | 15 | 1 |
| DMHDD inpatient services, special education, and Medicaid disability services only | 185 | 18 |
| DMHDD inpatient services, special education, Medicaid disability services, and AABD | 114 | 11 |
| Total | 1,019 | 100 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

**Table 8–6. Participation by Illinois Children in Four Programs, FY 1990–FY 1994**

| | Fiscal Year | | | | |
|---|---|---|---|---|---|
| | 1990 | 1991 | 1992 | 1993 | 1994 |
| **Number of Children Ever Served** | | | | | |
| AABD | 10,269 | 12,960 | 18,319 | 26,695 | 34,884 |
| DMHDD inpatient services | 1,402 | 1,469 | 1,358 | 1,269 | 1,019 |
| Medicaid disability services | 39,067 | 48,586 | 56,965 | 66,902 | 88,370 |
| Special education | 233,914 | 234,729 | 245,750 | 241,037 | 244,020 |
| **Rate per 1,000 Illinois Children** | | | | | |
| AABD | 3.49 | 4.35 | 6.06 | 8.76 | 11.30 |
| DMHDD inpatient services | 0.48 | 0.49 | 0.45 | 0.42 | 0.33 |
| Medicaid disability services | 13.29 | 16.29 | 18.86 | 21.94 | 28.63 |
| Special education | 79.59 | 78.72 | 81.36 | 79.06 | 79.06 |
| **Percent of Children with Special Needs in the Four Programs** | | | | | |
| AABD | 4 | 5 | 6 | 9 | 11 |
| DMHDD inpatient services | 1 | 1 | <1 | <1 | <1 |
| Medicaid disability services | 15 | 18 | 20 | 23 | 28 |
| Special education | 88 | 88 | 85 | 84 | 82 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

special education, and the interpretation of federal mandates.[7]

As indicated above, among the services for the special needs population, special education serves by far the most children. Special education in 1990 served 88 percent of all children participating in the four programs (see Table 8–6). By 1994, that number had fallen to 82 percent. However, the actual prevalence of special education use varied very little over this time period, ranging from a low of 78.72 per 1,000 in 1991 to a high of 81.36 per 1,000 in 1992 and settling at 79.06 per 1,000 in 1994 .

There were significant differences in both the prevalence and change in prevalence over the time period according to race/ethnicity, gender, age, region, and type of special need.

### *Race/ethnicity*

As with the four-program population, there are significant racial differences in the prevalence of special education services. Although there were very small changes in the prevalence among white and African American children from 1990 to 1994, there was a significant increase (nearly 9%) in the rate of special education utilization by Hispanic children (see Table 8–7). In 1990, the prevalence among African American children was 11

**Table 8–7. Prevalence Rates of Children Receiving Special Education (per 1,000 Illinois children) by Race/Ethnicity, FY 1990 and FY 1994**

| | FY 1990 | FY 1994 |
|---|---|---|
| **Race/Ethnicity** | | |
| White | 83 | 83 |
| African American | 93 | 94 |
| Hispanic | 45 | 49 |
| Other[a] | 35 | 30 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

percent greater than among white children. This difference is much smaller than that of the four-program population. Prevalence among Hispanic children was 54 percent that of white children.

*Gender*

As with the four-program population, in 1990, the prevalence of special education use was nearly twice as high for male children as female. This difference remained constant over the time period of our analysis (see Table 8–8).

*Age*

The biggest change over this time period occurred for infants, for whom there was a tenfold increase in prevalence, and for 1- to 4-year-olds, for whom there was a 13 percent increase in prevalence between 1990 and 1994 (see Table 8–8). These changes are, in part, a result of federal legislation, which included the 0- to 3-year-old population under federal special education law.[8] The overall prevalence of special education use varied very little over this time period. Children ages 10 to 14 were still much more likely to receive special education, with about 13 to 14 percent of all 10- to 14-year-olds participating in special education programs.

*Region*

In 1990, the prevalence rate in Cook County was 68.98 per 1,000 children, while in the balance of the state it was 87.67 per 1,000 (see Table 8–8). The gap between these two regions remained about the same in 1994, with prevalence in both regions having decreased slightly.

*Type of special need*

In 1990, the majority of the children who participated in special education programs were those who had learning disabilities or speech or language impairments, as shown in Table 8–8. Children with behavior disorders made up the next-largest category. This distribution remained constant across the 5 years covered.

**Table 8–8. Prevalence Rates of Children Receiving Special Education (per 1,000 Illinois children) by Gender, Age, Region, and Type of Special Need, FY 1990–FY 1994**

| | FY 1990 | FY 1991 | FY 1992 | FY 1993 | FY 1994 | Ratio of FY 1994 to FY 1990 Prevalence |
|---|---|---|---|---|---|---|
| **Gender** | | | | | | |
| Male | 103.01 | 101.85 | 105.59 | 102.44 | 102.60 | 1.00 |
| Female | 54.97 | 54.42 | 55.89 | 54.48 | 54.29 | 0.99 |
| **Age at Start of FY** | | | | | | |
| Infants | 0.61 | 0.89 | 0.96 | 6.80 | 6.16 | 10.08 |
| 1 to 4 | 23.96 | 24.41 | 24.42 | 26.61 | 27.07 | 1.13 |
| 5 to 9 | 95.22 | 94.45 | 97.26 | 92.10 | 90.75 | 0.95 |
| 10 to 14 | 135.53 | 134.21 | 141.68 | 136.15 | 138.21 | 1.02 |
| 15 to 17 | 84.09 | 80.59 | 81.60 | 79.32 | 78.08 | 0.93 |
| **Region** | | | | | | |
| Cook County | 68.98 | 68.41 | 73.31 | 68.77 | 68.82 | 1.00 |
| Balance of state | 87.67 | 86.52 | 87.42 | 86.76 | 86.65 | 0.99 |
| **Type of Special Need** | | | | | | |
| Autistic | 0.00 | 0.00 | 0.11 | 0.18 | 0.24 | - |
| Behavior disordered | 9.94 | 9.10 | 9.53 | 8.44 | 8.51 | 0.86 |
| Deaf/blind | 1.35 | 1.36 | 1.41 | 1.50 | 1.49 | 1.11 |
| Learning disabled | 35.14 | 35.63 | 38.07 | 36.30 | 36.40 | 1.04 |
| Mentally retarded | 7.76 | 7.60 | 7.77 | 7.50 | 7.52 | 0.97 |
| Speech/language impairment | 23.32 | 23.11 | 22.73 | 22.60 | 22.30 | 0.96 |
| Other developmental delays | 0.12 | 0.12 | 0.10 | 0.36 | 0.43 | 3.71 |
| Other physical or mental disabilities | 1.96 | 1.80 | 1.65 | 2.19 | 2.17 | 1.11 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

*Note:* The rate for autistic children cannot be calculated because no children with autism were recorded in the special education data in 1990.

## *Aid to the Aged, Blind, and Disabled*

The federal Supplemental Security Income (SSI) program provides cash assistance to low-income individuals with physical or mental conditions —or to their families, in the case of children with disabilities.[9] The program may be supplemented by individual states; in Illinois, this supplement is provided by the Aid to the Aged, Blind, and Disabled (AABD) program. The AABD program provides cash assistance and Medicaid eligibility. Individuals receiving cash assistance are automatically eligible for Medicaid. Individuals may be ineligible for cash assistance but eligible for Medicaid through an AABD Medical Assistance-No Grant case

(AABD-MANG). In order to receive either of these benefits, an individual must meet nonfinancial criteria, such as a determination of blindness or disability that meets the definition set by the Social Security Administration (SSA). Individuals are eligible for AABD cash assistance when their total needs exceed available nonexempt income by at least $1.[10] Total needs are determined by Illinois law and include capped allowances for food, shelter, utilities, and other essential needs.[11] AABD-MANG eligibility is equal to the nonfinancial eligibility criteria for any MANG case. This includes families with incomes up to 133 percent of the federal poverty line.[12] The children described in this section are those who are eligible for Medicaid through the AABD program.

Enrollment in AABD in Illinois increased steadily from 1990 to 1994, which probably was a reflection of the *Zebley* decision. In 1990, 10,269 children were receiving Medicaid through AABD; by 1994, that number had grown to nearly 35,000 children (see Table 8–6). The increase was steady—approximately 6,000 to 8,000 children each year since 1991. In 1990, four children for every 1,000 participated in the AABD program. By FY 1994, that number was up to eleven children per 1,000. Although we do not present data on all four programs beyond FY 1994 in this chapter, more recent data on the AABD program indicate a decline in the number of children receiving Medicaid through AABD during the year. After reaching a peak of 38,732 children served in FY 1996, there was a gradual decline in caseloads until FY 1999, when the number served dropped from 37,139 in FY 1998 to 34,360 in FY 1999.[13] This decline lagged behind that shown in the SSI program during the same time.

*Race/ethnicity*

The prevalence of AABD receipt for African American and Hispanic children is significantly higher than for white children (see Table 8–9), in part because these groups are poor-

**Table 8–9. Prevalence Rates of Children Receiving AABD (per 1,000 Illinois children) by Race/Ethnicity, FY 1990 and FY 1994**

| | FY 1990 | FY 1994 |
|---|---|---|
| **Race/Ethnicity** | | |
| White | 2 | 5 |
| African American | 9 | 36 |
| Hispanic | 4 | 9 |
| Other[a] | 1 | 3 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

er than white children and in part because AABD is a means-tested program. (For poverty statistics by racial and ethnic groups, see Chapter 3, Children in Poverty.) Although the prevalence of AABD use increased for all groups over the 5-year period, it grew most quickly for African American children. By 1994, the prevalence for African American children was more than 7 times that of white children (36 per 1,000 vs. 5 per 1,000). The prevalence among Hispanic children grew less quickly than any other racial/ethnic group.

*Gender*

As with other programs, males use AABD more than females, with boys more likely than females to participate in the program across the entire time period (see Table 8–10).

*Age*

The AABD program serves primarily older children. The prevalence is highest among children age 10 and older (see Table 8–10). However, we see the largest increase for infants, with a fivefold increase from 1990 to 1994 (1.04 per 1,000 vs. 5.29 per 1,000). However, all age groups increased by at least 100 percent. The smallest increase over the 5 years was for the 15- to 17-year-old age group.

*Region*

The prevalence of children participating in the AABD program was higher in Cook County than in the balance of the state, again most likely because of the higher concentration of poor children living in Cook County (see Table 8–10).

### Medicaid Disability Services

The federal Medicaid program provides funds to states to help cover the medical expenses of the poor and disabled. Although the AABD data identify children who are eligible for Medicaid because of their receipt of SSI, Medicaid claims data identify which children of all those eligible for Medicaid have received a service because of a disabling condition.

The number of children who received health care paid through Medicaid for disabling conditions increased from 39,067 in 1990 to 88,370 in 1994, steadily increasing by about 10,000 children until 1993, when the numbers increased by over 20,000. The prevalence of service use increased as well, from 13.29 per 1,000 children in 1990 to 28.63 per 1,000 in 1994—doubling the prevalence in 5 years (see Table 8–6).

*Race/ethnicity*

As with the AABD program, which is a means-tested program, the Medicaid service statistics are dominated by poorer populations, and it is likely that this is related to the prevalence across racial/ethnic groups. In 1990, the prevalence among African American children was just over 4 times that of white children, and the prevalence among Hispanic children was 50 percent greater than among white children

**Table 8–10. Prevalence Rates of Children Receiving AABD (per 1,000 Illinois children) by Gender, Age, and Region, FY 1990–FY 1994**

| | FY 1990 | FY 1991 | FY 1992 | FY 1993 | FY 1994 | Ratio of FY 1994 to FY 1990 Prevalence |
|---|---|---|---|---|---|---|
| **Gender** | | | | | | |
| Male | 4.12 | 5.19 | 7.33 | 10.73 | 13.98 | 3.40 |
| Female | 2.84 | 3.46 | 4.74 | 6.69 | 8.48 | 2.99 |
| **Age at start of FY** | | | | | | |
| Infants | 1.04 | 2.05 | 2.76 | 4.03 | 5.29 | 5.09 |
| 1 to 4 | 2.22 | 2.81 | 4.21 | 5.73 | 7.02 | 3.16 |
| 5 to 9 | 3.08 | 3.88 | 5.48 | 7.93 | 10.10 | 3.28 |
| 10 to 14 | 5.22 | 6.40 | 9.34 | 14.00 | 18.83 | 3.61 |
| 15 to 17 | 4.91 | 5.73 | 6.87 | 9.56 | 11.98 | 2.44 |
| **Region** | | | | | | |
| Cook County | 4.61 | 5.74 | 7.80 | 11.61 | 15.13 | 3.28 |
| Balance of state | 2.64 | 3.29 | 4.76 | 6.63 | 8.47 | 3.21 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

(see Table 8–11). The prevalence gradually increased for all racial groups over this time period, approximately doubling during the 5-year time period. The prevalence remains highest among African American children. In 1994, nearly 7 percent of all African American children received a Medicaid-paid service for a disabling condition compared with just 1 to 3 percent of other children.

### *Gender*

As with the two programs already discussed, males are more likely to receive Medicaid-paid services for a disabling condition than are

**Table 8–11. Prevalence Rates of Children Receiving Medicaid Disability Services (per 1,000 Illinois children) by Race/Ethnicity, FY 1990 and FY 1994**

| | FY 1990 | FY 1994 |
|---|---|---|
| **Race/Ethnicity** | | |
| White | 8 | 18 |
| African American | 33 | 69 |
| Hispanic | 12 | 27 |
| Other[a] | 5 | 11 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

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females, a disparity that increased over the period (see Table 8–12). By 1994, males were nearly 40 percent more likely to receive a Medicaid disability service than were females.

*Age*

Unlike the special education and AABD groups, infants were the most likely to receive a Medicaid disability service—in 1990, they were more than 4 times as likely as any other age group to have done so (see Table 8–12). By 1994, the difference between infants and the other age groups decreased and infants were 2 to 4 times as likely as other groups to receive a Medicaid disability service. The narrowing of the gap was likely a result of large increases in the prevalence of service for the older age groups. Over this period of time, however, the infant prevalence increased by approximately 45 percent.

*Type of special need*

The types of special needs these children exhibit are dominated by "other physical or mental disabilities," which accounted for slightly over 70 percent of the children in 1990. The most common conditions

**Table 8–12. Prevalence Rates of Children Receiving Medicaid Disability Services (per 1,000 Illinois children) by Gender, Age, and Region, FY 1990–FY 1994**

| | Fiscal Year | | | | |
|---|---|---|---|---|---|
| | 1990 | 1991 | 1992 | 1993 | 1994 |
| **Gender** | | | | | |
| Male | 14.3 | 17.4 | 21.0 | 24.7 | 33.1 |
| Female | 12.3 | 15.1 | 16.7 | 19.1 | 24.0 |
| Ratio of male to female prevalence | 1.16 | 1.16 | 1.26 | 1.30 | 1.38 |
| **Age at Start of FY** | | | | | |
| Infants | 51.5 | 67.3 | 72.2 | 72.7 | 74.7 |
| 1 to 4 | 11.6 | 15.3 | 17.8 | 19.6 | 22.7 |
| 5 to 9 | 9.1 | 10.6 | 14.2 | 18.3 | 27.1 |
| 10 to 14 | 12.2 | 13.9 | 16.6 | 21.1 | 31.9 |
| 15 to 17 | 11.0 | 12.7 | 12.1 | 14.4 | 18.6 |
| Ratio of infant to ages 1 to 4 prevalence | 4.46 | 4.41 | 4.05 | 3.71 | 3.29 |
| Ratio of infant to ages 5 to 9 prevalence | 5.65 | 6.36 | 5.10 | 3.97 | 2.75 |
| Ratio of infant to ages 10 to 14 prevalence | 4.24 | 4.85 | 4.34 | 3.44 | 2.34 |
| Ratio of infant to ages 15 to 17 prevalence | 4.66 | 5.28 | 5.96 | 5.06 | 4.01 |
| **Region** | | | | | |
| Cook County | 16.5 | 19.8 | 22.2 | 24.5 | 35.2 |
| Balance of state | 10.9 | 13.6 | 16.3 | 20.1 | 23.8 |
| Ratio of Cook to non-Cook County prevalence | 1.52 | 1.46 | 1.36 | 1.22 | 1.48 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

in this category include severe asthma, cardiac anomalies, and mental conditions including depression. The only other categories of note are children with speech and language impairments and children with behavior disorders—the former increased eightfold and the latter increased nearly fivefold from 1990 to 1994 (see Table 8–13).

### *Department of Mental Health and Developmental Disabilities*

Since 1997, DMHDD has been split into the Office of Mental Health and the Office of Developmental Disabilities in the Illinois Department of Human Services. These units still provide services and support for children with a range of emotional, behavioral, and developmental disabilities. The services that we track in this chapter are inpatient psychiatric services and care for children with severe developmental disabilities in state facilities. The number of children who received inpatient care for their severe disabilities decreased from 1,402 in 1990 to 1,019 in 1994, reflecting a trend to use Medicaid-reimbursed private facilities that continues today (see Table 8–6).

*Race/ethnicity*

African American children had a prevalence rate twice that of white children in 1990 (0.42 per 1,000 for white compared to 0.8 per 1,000 for African American children, as shown in Table 8–14). The prevalence for African American children gradually decreased so that it was equal to white children at approximately 0.4 per 1,000 in 1994. By 1994, the prevalence for Hispanic children was nearly one-half that of white children.

**Table 8–13. Prevalence Rates of Children Receiving Medicaid Disability Services (per 1,000 Illinois children) by Type of Special Need, FY 1990–FY 1994**

| | FY 1990 | FY 1991 | FY 1992 | FY 1993 | FY 1994 | Ratio of FY 1994 to FY 1990 Prevalence |
|---|---|---|---|---|---|---|
| **Type of Special Need** | | | | | | |
| Autistic | 0.03 | 0.04 | 0.04 | 0.05 | 0.06 | 2.37 |
| Behavior disordered | 2.18 | 2.84 | 3.69 | 5.25 | 10.19 | 4.68 |
| Deaf/blind | 0.84 | 0.91 | 1.07 | 1.32 | 1.36 | 1.62 |
| Learning disabled | 0.06 | 0.05 | 0.06 | 0.07 | 0.12 | 2.05 |
| Mentally retarded | 0.08 | 0.08 | 0.09 | 0.10 | 0.11 | 1.31 |
| Speech/language impairment | 0.38 | 0.36 | 1.26 | 2.13 | 3.23 | 8.44 |
| Other developmental delays | 0.23 | 0.17 | 0.32 | 0.17 | 0.30 | 1.33 |
| Other physical or mental disabilities | 9.50 | 11.85 | 12.34 | 12.84 | 13.27 | 1.40 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

**Table 8–14. Prevalence Rates of Children Receiving DMHDD Inpatient Services (per 1,000 Illinois children) by Race/Ethnicity, Gender, Age, Region, and Type of Special Need, FY 1990–FY 1994**

| | FY 1990 | FY 1991 | FY 1992 | FY 1993 | FY 1994 | Ratio of FY 1994 to FY 1990 Prevalence |
|---|---|---|---|---|---|---|
| **Race/Ethnicity** | | | | | | |
| White | 0.42 | 0.47 | 0.43 | 0.40 | 0.35 | 0.83 |
| African American | 0.80 | 0.71 | 0.68 | 0.59 | 0.37 | 0.47 |
| Hispanic | 0.32 | 0.30 | 0.25 | 0.27 | 0.18 | 0.56 |
| Other[a] | 0.26 | 0.27 | 0.21 | 0.21 | 0.20 | 0.76 |
| **Gender** | | | | | | |
| Male | 0.56 | 0.59 | 0.54 | 0.50 | 0.42 | 0.75 |
| Female | 0.39 | 0.39 | 0.35 | 0.33 | 0.23 | 0.60 |
| **Age at Start of FY** | | | | | | |
| Infants | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 | - |
| 1 to 4 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 1.38 |
| 5 to 9 | 0.15 | 0.13 | 0.12 | 0.09 | 0.06 | 0.42 |
| 10 to 14 | 0.98 | 1.03 | 0.97 | 0.89 | 0.71 | 0.72 |
| 15 to 17 | 1.40 | 1.47 | 1.27 | 1.22 | 0.97 | 0.69 |
| **Region** | | | | | | |
| Cook County | 0.53 | 0.47 | 0.43 | 0.40 | 0.27 | 0.51 |
| Balance of state | 0.44 | 0.51 | 0.46 | 0.43 | 0.37 | 0.85 |
| **Type of Special Need** | | | | | | |
| Autistic | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | – |
| Behavior disordered | 0.27 | 0.28 | 0.25 | 0.24 | 0.17 | 0.63 |
| Deaf/blind | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | – |
| Learning disabled | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | – |
| Mentally retarded | 0.04 | 0.04 | 0.03 | 0.03 | 0.03 | 0.63 |
| Speech/language impairment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | – |
| Other developmental delays | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | – |
| Other physical or mental disabilities | 0.16 | 0.17 | 0.16 | 0.14 | 0.13 | 0.81 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

*Note:* Rates cannot be calculated for the cells with missing data because there were no children with the following types of special needs recorded in the DMHDD data in 1990: autistic, deaf/blind, learning disabled, speech/language impairment, and other developmental delays.

[a] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

*Gender*

As with the previous three programs, males are more likely to be in this group than females (see Table 8–14). The prevalence of both males and females dropped during the 5-year period.

*Age*

Inpatient services exist primarily for children over the age of 10 (see Table 8–14). The prevalence is somewhat greater for the 15- to 17-year-old age group than the 10- to 14-year-old group.

*Region*

In FY 1990, the prevalence was higher in Cook County than in the balance of the state; by 1994 the reverse was true (see Table 8–14).

*Type of special need*

The type of disabilities these children exhibit are dominated by behavior disorders, with over 50 percent falling in this category, followed by children with other physical or mental disabilities and mental retardation. There was a decrease in the prevalence of inpatient service receipt for all three groups between FY 1990 and 1994 (see Table 8–14).

## NOTES

1 We use AABD program participation in Illinois as a proxy for the Supplemental Security Income (SSI) program administered through the Social Security Administration. Whereas SSI provides cash assistance to eligible individuals, AABD provides a supplemental cash payment for some SSI recipients and Medicaid coverage for the majority of SSI recipients. We count children receiving Medicaid through the AABD program in this chapter.

2 Our use of Medicaid as an indicator of special needs is different from our use of participation in special education, AABD, and DMHDD inpatient services. From paid Medicaid claims data, we identified claims with diagnoses indicating disabling conditions according to the Social Security disability evaluation standards and past research. Through this methodology, we were able to identify children receiving services for a disabling condition from among all Medicaid-eligible children. In this chapter, this set of Medicaid paid services will be referred to as Medicaid disability services.

3 These programs include but are not limited to: Illinois's Family Assistance Program (IDHS), which provides a monthly cash subsidy of $500 to parents of children with severe developmental disabilities or emotional disturbance; the federal Head Start Services to Pre-School Children, which has a set-aside for children with disabilities; federal Maternal and Child Health Services; the Home Services Program of the Office of Rehabilitative Services (IDHS); and several programs of the Offices of Mental Health and Developmental Disabilities (IDHS), including Mental Health Outpatient, Developmental Training, Developmental Disabilities, Day Treatment Mental Health, and Developmental Disabilities Specialized Services programs.

4 See Social Security Administration publication number 05-11001, "A Desktop Guide To SSI Eligibility Requirements," at www.ssa.gov/pubs/11001.html.

5 A prevalence rate describes the number of children with special needs for every 1,000 children in Illinois ages 0 to 17 at a point in time or period of time. We will present only prevalence rates in this chapter.

6 Reschly, D. (1996). Identification and assessment of students with disabilities. *The Future of Children, Special Education for Students with Disabilities*, 6(1), 40-53. Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

7 Lewit, E. M. & Baker, L. S. (1996). Children in special education. *The Future of Children, Special Education for Students with Disabilities*, 6(1), 139-151. Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.

8 P.L. 99-457, Handicapped Infants and Toddlers program, Part H of the Individuals with Disabilities Education Act.

9 The following is from Social Security Administration publication 05-11053, September 1996: "On August 22, 1996, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 changed the definition of disability for children under the Supplemental Security Income (SSI) program. The new definition of disability for children: (1) requires a child to have a physical or mental condition or conditions that can be medically proven and which result in (2) marked and severe functional limitations; (3) requires that the medically proven physical or mental condition or conditions must last or be expected to last at least 12 months or be expected to result in death; and (4) says that a child may not be considered disabled if he or she is working at a job that we consider to be substantial work. The new law also changes the way we [SSA] consider certain behavior problems caused by a child's condition or conditions."

10 Illinois Department of Human Services Policy Manual, Chapter 11, Section 11-02-00.

11 Illinois Department of Human Services Policy Manual, Chapter 11, Sections 11-01-00 to 11-01-11.

12 U.S. House of Representatives, Committee on Ways and Means. (1996). *Green book.* Washington DC: U.S. Government Printing Office.

13 Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

## CHAPTER 9

# MULTIPLE PROGRAM PARTICIPATION

In Illinois, over the past decade, there has been increasing recognition of the multiple challenges that families face, and of the fact that addressing these problems requires a more coordinated system of services and programs. Attention to this issue influenced the decision in 1997 to consolidate major portions of the seven state human service agencies into the Department of Human Services. Although many states, at one point or another, have created an umbrella agency that administers dozens of social programs, the significance of this action in Illinois lies in the fact that, in most human service areas (public health is one exception), Illinois's county governments do not provide a majority of human services. Therefore, the coordination of services and programs does not happen in the smaller jurisdictions (counties or municipalities) in which people live. Child welfare, cash assistance—Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)—Medicaid, food stamps, WIC, substance abuse treatment, and mental health services, among others, are directly administered by the state, often through private agencies or contractors. Therefore, the activity of state government has a very direct effect on the individuals and families who seek help from it.

Over the past decade, we have witnessed major expansions and contractions of certain existing categorical programs. For example, AFDC has been replaced by TANF—substituting an entitlement to cash grants to families with a requirement to work. Funding for child care has increased, states are concerned about the increased flow of children into foster care and are attempting to achieve permanent living arrangements for foster children, and managed care for Medicaid may reduce the use of intensive, high-cost services that can be prevented by early treatment or by care in less intensive settings. The intended shifts are clear in the new social policies, but the long-term effect on the overall provision of services is yet to be seen.

*This chapter was prepared by Robert Goerge, Bong Joo Lee, and Mairéad Reidy.*

In this chapter, we attempt to describe the multiple service programs that children and other members of their families experience. As with other chapters in this volume, the presentation is purely descriptive and forms a baseline against which future outcomes can be measured. Without solid information on the need of the entire population or a similar state with which to compare outcomes, it is difficult to evaluate the effectiveness of the service system as a whole.[1] Ideally, we would also have information on children's needs across multiple areas, but that information does not exist. It is important to question whether a study of social program use among children and families, regardless of the particular services under study, is an examination of the level of need for these services within a particular population or merely a reflection of current funding levels, administrative practices, and service delivery configurations in the particular administrative region. Some of our results will suggest more the latter than the former, although clearly they demonstrate both actual need and public agency response.

The data sources for this chapter are the management information systems of the public human service agencies of the state of Illinois. Taken individually, data from these systems provide a point-in-time description of the use of one, two, and sometimes three programs. Taken as a whole over a period of time, they offer a full description of experiences of children and their families across the majority of human service programs that the state of Illinois provides for its citizens. The authors of this chapter, and others at Chapin Hall, with the assistance of the state agency leaders and staff, have created the Integrated Database on Child and Family Services in Illinois (IDB), which, when analyzed, allows for a comprehensive description of those individuals who come to the state for some need or problem.[2]

These data on service receipt across multiple human service agencies provide a wealth of information on the well-being of children that is critical to the formation, implementation, and evaluation of social policies. For example, changes in eligibility rates for one service system can affect take-up rates in others. By focusing on multiple outcomes of social policy changes as evidenced by participation across multiple human service agencies, we gain a greater understanding of the well-being outcomes for children and their families.

This chapter provides a few examples of what can be learned from the combination and integration of multiple data sources on the services and programs in which children and their parents participate. We begin by focusing on the entire population of children receiving services or participating in programs of Illinois state human service agencies. We follow that with a more in-depth look at the largest programs and how the caseloads of those programs overlap. Finally, we focus on two specific populations of children—those who were identified victims of child abuse or neglect and those who require mental health outpatient services, and their current and previous human service experiences.

*In January of 1996, 29 percent of all Illinois children participated in at least one program of the six human service agencies.*

## The Population of Service Users (Program Participants)

How many children receive some level or kind of support from the state? Of all the children living in Illinois in January of 1996, 29 percent (930,295) participated in a program of the six state human service agencies (see Table 9–1).[3] Over three-quarters of these children participated in a program of the Department of Public Aid, meaning that nearly a quarter of the state's children were receiving services from the welfare department at that time (see Figure 9–1).[4] It is not possible to compare this number to any number in the past, since the data that enable this type of analysis have not been available until very recently.

Just over 50 percent (50.6) of all human service users in Illinois in January of 1996 were ages 0 to 17 (see Table 9–1). This figure is primarily due to the fact that over 50 percent of the three largest agencies' populations—Departments of Public Aid (DPA), Public Health (DPH), and Children and Family Services (DCFS)—were under 18 years old. These statistics show how much of the state's human service resources are devoted to children.

It is useful to look at populations using specific services to understand how they compare in their use of

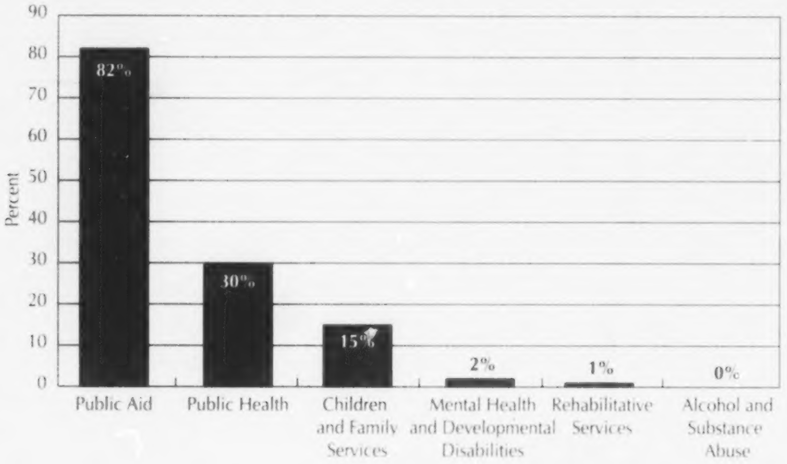
**Table 9–1. Number of Illinois Human Service Recipients, by Age Group, as of January 1996**

| Department | All Ages | Children Ages 0 to 17 | Percent of Children |
|---|---|---|---|
| Public Aid | 1,511,535 | 760,388 | 50.3 |
| Public Health | 387,821 | 278,586 | 71.8 |
| Children and Family Services | 219,244 | 141,751 | 64.7 |
| Mental Health and Developmental Disabilities | 107,428 | 20,231 | 18.8 |
| Rehabilitative Services | 44,801 | 5,851 | 13.1 |
| Alcohol and Substance Abuse | 29,458 | 2,912 | 9.9 |
| Total[a] | 1,837,701 | 930,295 | 50.6 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

[a] Because an individual can receive services from more than one agency at a given point in time, the sum of all agency client counts is greater than the total figure of 1,837,701 presented here. The total represents the "unduplicated" number of service recipients across the six agencies.

**Figure 9–1. Percent of Child Human Service Recipients Served by Different Illinois Agencies, January 1996**



*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

multiple services or programs. (The last page of this chapter contains a list of all programs included in this analysis.) The four programs serving the largest number of children in January 1996 are the Medicaid (691,611), food stamp (547,921), AFDC (457,470), and WIC (219,113) programs (see Table 9–2). Because the eligibility for these particular programs is based on family income, the populations using them are characterized by their level of poverty and their need for concrete support. Yet, slightly over three-quarters of these groups used four or fewer of all the programs provided by the state. Among the DCFS population, on the other hand, the majority of children have used five or more programs. These populations are users of the welfare programs listed above, including WIC, as well as mental health outpatient services, family case management, and the other child welfare programs.

## Overlap Among the Largest Child Program Populations

This section presents an unduplicated count of the number of users of five of the largest state human services and the extent of service overlap—that is, the extent to which children and families use multiple human service programs simultaneously. We chose to first analyze data from AFDC, food stamp, Medicaid, special education, and child welfare service programs. These five services encompass both the largest state human service departments by bud-

**Table 9–2. Number of Programs Used by Child Human Service Recipients in Selected Programs, January 1996**

| | AFDC | Medicaid | Food Stamps | WIC | DCFS Foster Care |
|---|---|---|---|---|---|
| Total number of children | 457,470 | 691,611 | 547,921 | 219,113 | 43,428 |
| **Percent of Children Who Received Services in the Past 5 Years From:** | | | | | |
| Four or fewer programs | 76.1 | 79.3 | 77.7 | 72.9 | 37.5 |
| Five or more programs | 23.9 | 20.7 | 22.3 | 27.1 | 62.5 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

get expenditures (Illinois Department of Human Services and Illinois Department of Children and Family Services) and the largest direct service population (special education), allowing us to include the vast majority of Illinois children receiving services in our analysis.

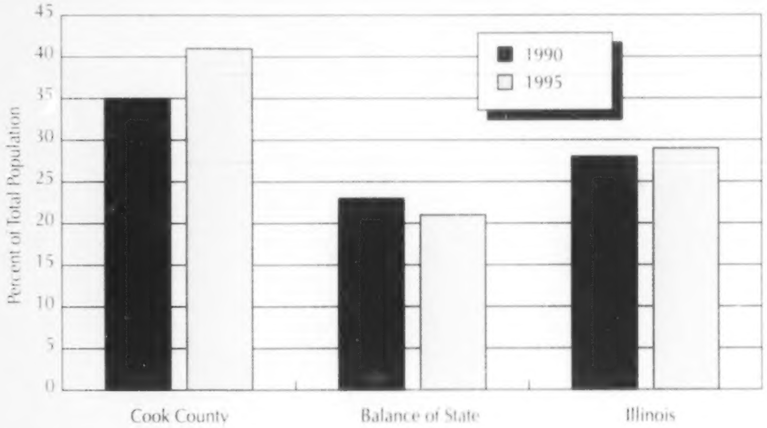
Several noteworthy aspects of the five selected services are discussed below. First, the three welfare services, TANF, food stamps, and Medicaid, are more often than not received as a "package," all administered by the Illinois Department of Public Aid, which simultaneously determines a family's eligibility for all three programs.[5] A family's receipt of AFDC alone is rare; most families receiving AFDC are eligible for food stamps, and all AFDC-recipient families are eligible for Medicaid. Receipt of food stamps alone, however, is much more common. Families receiving just food stamps usually report some earnings, although the amount is considered insufficient for families to purchase what the federal government deems an essential family "food basket." Among policy makers and program managers, those families receiving only food stamps are known as "the working poor." Families receiving Medicaid services without AFDC include families of new or expectant mothers, AABD cases, or families who have left the AFDC program within the last 2 years.

Second, unlike the three means-tested welfare services, the other two services included in our analysis are provided to children with special needs, regardless of a family's income. Specifically, special education services are provided to children ages 3 to 21 who have been identified by their schools as having a learning disability, physical handicap, behavior disorder, or as being mentally retarded. Children identified as involved with the child welfare system are those with open cases in the Illinois Department of Children and Family Services. Typically, children enter child welfare services due to a substantiated report of abuse or neglect. The majority (62%) of these children live in foster homes, which include state-supported placements in the home of a relative.

In 1990, 830,000 children (about 28% of the children in Illinois) participated in at least one of the following programs: AFDC, food stamps, Medicaid, special education, or foster care (see Figure 9–2). By 1995, this number had increased by nearly 100,000, and accounted for slightly more than 29 percent of the children in Illinois.

Comparisons across geographic regions reveal that the number and percent of children who received services differed according to where they lived. In 1990, 35 percent of children living in Cook County participated in one of the five programs. This had increased to 41 percent by 1995. In the balance of the state, the percentage of children who received one of the five programs decreased from 23 percent in 1990 to 21 percent in 1995.

**Figure 9–2. Illinois Children Receiving One or More Services, by Region, 1990 and 1995**



*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

In 1990, well over half (58.1%) of the children receiving services in Cook County received three services, compared to only one-third (34.7%) of the children in the balance of the state (see Figure 9–3). Half of the children in the balance of the state used only one service, while only 30 percent of the Cook County children participated in only one program. This is not too surprising given the common simultaneous utilization of AFDC, Medicaid, and food stamps, and the greater poverty rate in Cook County (see the Children in Poverty chapter for poverty statistics).

Although the number of children participating in the three welfare programs decreased from 1990 to 1995, the number of children participating in four or more programs increased over that period. The reason for this was the large increase in the number of foster children from 1990 to 1995 (see the Child Welfare chapter for child welfare caseload changes during the period) and a large increase in the special education population (see the Children with Special Needs chapter for special education caseload trends).

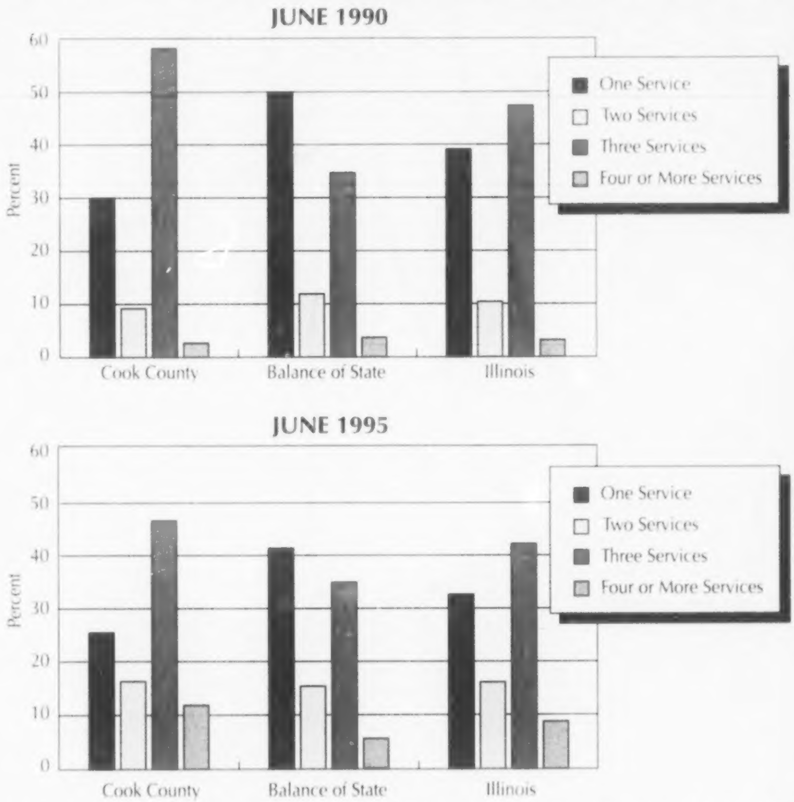
In the following two sections, we provide a picture of multiple human service program participation of children in the child welfare and mental health areas. These two subpopulations of children represent the groups that most often require multiple programs.

## Abused and Neglected Children

This section focuses on the children who represent substantiated cases of abuse or neglect during the 12-month period ending January 31, 1996. These children and their families participate in more human service programs than any of the service populations mentioned in the first section of this chapter.

During the 12-month period ending January 31, 1996, 40,819 children had been substantiated cases of abuse or neglect (see Table 9–3). About 61 percent of these children had participated in five or more state programs from 1991 to 1995, and only 10.9 percent had the substantiated maltreatment report as their only contact with the state during that period. This is in sharp contrast to the AFDC population of children—of whom only 24 percent participated in five or more programs (see Table 9–2). Abused and neglected children are most likely to partici-

**Figure 9–3. Percent of Children Receiving One, Two, Three, or Four Services, Among Children Receiving One or More Services, by Region, 1990 and 1995**



JUNE 1990

JUNE 1995

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

pate in the welfare and child welfare programs. Most of them at some point in their lives were poor: two-thirds received food stamps, three-quarters were in the Medicaid program, and nearly one-third of these children participated in WIC from 1991 to 1995 (see Table 9–3). Twenty-five percent of these children had entered foster care, and over 60 percent had been part of an open DCFS case. Just over 8 percent of these children had received mental health outpatient services funded through the Department of Mental Health and Developmental Disabilities (DMHDD).

## Children and Youth in Mental Health Outpatient Services

As of January 31, 1996, 19,177 children and youth (individually or with their families) were receiving outpatient services funded by grants from DMHDD (see Table 9–4). These grants were provided by DMHDD to community mental health centers to provide mental health counseling services. Although the children or other members of their families may or may not have a psychiatric diagnosis, the community mental health center has determined that this individual or family falls under the criteria developed by DMHDD for this funding stream.

Children participating in this program are generally from poor families. One-third participated in AFDC, and over half were enrolled in the Medicaid program from 1991 to 1995. However, unlike children reported for abuse or neglect, nearly one-third (31.9%) of these children are likely to have used this program only over a 5-year period. Only 35.6 percent have experienced five or more other service programs.

The issue of multiple program utilization is important from the perspective of both the family and the service system. A family that has to go to a welfare office, a WIC office, plan for a child's special education needs, and perhaps attend parenting classes as required by the child

**Table 9–3. Program Participation Characteristics of Illinois Children with Substantiated Abuse and Neglect Cases, 1991–1995**

Total number of children having substantiated abuse and neglect reports during the 12-month period ending January 31, 1996: 40,819

| Number of Programs in Which Children Participated, 1991–1995 | Percent |
|---|---|
| 1 | 10.9 |
| 2 | 10.4 |
| 3 | 6.2 |
| 4 | 11.3 |
| 5 or more | 61.1 |
| Total | 100.0 |

| Selected Programs in Which Children Participated, 1991–1995 | Percent |
|---|---|
| AFDC | 58.2 |
| Medicaid | 75.0 |
| Food Stamp | 68.0 |
| Foster Care Placement | 25.0 |
| DCFS Open Family Case | 61.4 |
| WIC | 31.5 |
| Mental Health Outpatient Services | 8.1 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

**Table 9–4. Program Participation Characteristics of Illinois Children in Mental Health Outpatient Services, 1991–1995**

Total number of children participating in outpatient services funded by grants from DMHDD as of January 31, 1996: 19,177

| Number of Programs in Which Children Participated, 1991–1995 | Percent |
|---|---|
| 1 | 31.9 |
| 2 | 9.1 |
| 3 | 9.6 |
| 4 | 13.7 |
| 5 or more | 35.6 |
| Total | 100.0 |

| Selected Programs in Which Children Participated, 1991–1995 | Percent |
|---|---|
| AFDC | 33.8 |
| Medicaid | 56.4 |
| Food Stamp | 45.5 |
| Foster Care Placement | 12.8 |
| DCFS Open Family Case | 19.1 |
| WIC | 18.7 |
| Had Substantiated Abuse/Neglect Reports | 20.9 |

*Source:* Chapin Hall Integrated Database on Child and Family Services in Illinois. Chapin Hall staff analysis.

welfare agency faces a strenuous period that includes emotional burden. With regard to the administration of a service system, duplicative service provision or, at best, uncoordinated service provision is neither efficient nor effective. However, it may also be true that multiple program participation means that the programs combine to produce a better outcome. Especially now, in the era of welfare reform, there is greater pressure on the non-income maintenance programs to provide a safety net that will aid families and children as they face the new challenges of attaining self-sufficiency.

## NOTES

1 Currie, J. (1998). The effect of welfare on child outcomes. In R. A. Moffitt (Ed.), *Welfare, the family and reproductive behavior: Research perspectives*. Washington, DC: National Research Council.

2 See the Data Sources section for further information about the IDB.

3 The six agencies include the Illinois Departments of Public Aid, Public Health, Children and Family Services, Mental Health and Developmental Disabilities, Alcohol and Substance Abuse, and Rehabilitative Services.

4 AFDC (now TANF) and food stamps are now housed in the Department of Human Services. Medicaid continues to be managed by the Department of Public Aid.

5 See note #4.

## LIST OF PROGRAMS

**Department of Public Aid**

(service programs included in the analysis as of January 1996)

- Aid to Families with Dependent Children (AFDC) Cash Grant
- AFDC Medicaid-Eligible including foster care children
- Food Stamps
- Aid to Aged, Blind, and Disabled
- Direct Pay Child Care
- Transitional Child Care, and JOBS

**Department of Public Health**

- WIC
- Family Case Management

**Department of Children and Family Services**

- Indicated allegation of abuse or neglect at some point during the 12-month period ending January 31, 1996
- Children in Out-of-Home Placement at any time during the month of January 1996
- Children in open adoption assistance cases during the month of January 1996
- Children in open family cases at some point during the month of January 1996

**Department of Mental Health and Developmental Disabilities**

(receipt of services at some point during the month of January 1996)

- Developmental Disabilities Long-Term Care
- State-Operated Developmental Centers
- State-Operated Mental Health Centers
- Community Residential, Developmental Disabilities
- Community Residential, Mental Health
- Mental Health Outpatient
- Developmental Training, Developmental Disabilities
- Regular Work, Developmental Disabilities
- Developmental Disabilities Specialized Services
- Supported Employment

**Department of Alcohol and Substance Abuse**

(receipt of service at some point during the month of January 1996)

- Residential
- Outpatient

**Department of Rehabilitative Services**

(active cases during the month of January 1996)

- Home Services Program
- Vocational Rehabilitation Services
- Supported Employment

## Chapter 10

# ECONOMIC SUPPORTS

Although the government is an important source of economic support for families of all incomes, the focus of this chapter is on the supports offered by government to poor children in Illinois through various welfare programs. In the minds of the general public, economic support for the poor is often equated with cash transfers to women with dependent children, a support that has undergone significant changes with the implementation of welfare reforms over the past few years. Yet, economic supports for poor children extend much further, and include medical, nutritional, housing, and child care benefits. The purpose of this chapter is to outline the range and extent of these benefits available to Illinois children and to examine trends in participation rates over the past decade.

We divide economic supports into three broad categories: those that provide basic cash support, those that provide such necessities as food and medical care through in-kind support, and those employment and tax policies and programs designed to help families during their transition to the workforce. These programs typically overlap in their coverage. Cash support includes Temporary Assistance for Needy Families (TANF), which, under welfare reform, replaced Aid to Families with Dependent Children (AFDC). Cash support also includes Supplemental Security Income (SSI). In-kind programs include Medicaid, food stamps, and housing assistance. Employment and tax programs and policies designed to support work and lessen dependency include employment and training programs, child care subsidies, and the Earned Income Tax Credit (EITC).

Unlike much analysis on economic supports, the focus of this chapter, whenever data availability permits, will be at the child rather than the family level. Although children are typically eligible for economic support programs because of their family circumstances, we aim to highlight the total number of chil-

*This chapter was prepared by Mairéad Reidy and Michael Weir.*

dren who have received various supports, and, for certain programs, to examine the socioeconomic and demographic characteristics of all children rather than aggregated families. The reason for our emphasis on children is that by focusing on the families, one often misses the important fact that poorer families have traditionally been larger. As a result, focusing on families as the unit of analysis can underestimate the circumstances of the poorest children.

We draw on a number of different data sources and reports to document populations and trends. These include the Illinois Department of Human Services (IDHS) Client Database, the U.S. Census Bureau Current Population Survey, the Social Security Administration Annual Statistical Supplements, data from the U.S. Department of Agriculture, IDHS Annual Job Training and Child Care Reports, and income statistics from the Internal Revenue Service.

When considering the wide range of programs offered to poor children in Illinois, a number of questions come to mind. First, how extensive are these programs? Is the (at times exclusive) attention on cash assistance to mothers with dependent children warranted, or are other programs as extensive in their population coverage? Second, how has participation in these programs changed over the last decade, and do all programs exhibit similar trends? Third, do the socioeconomic and demographic characteristics of beneficiaries vary by program?

This chapter addresses each of these three questions in order to better understand the mosaic that constitutes welfare provision for poor children in Illinois. We offer detailed data on the child population of each of a series of programs. An important issue not addressed in this chapter is the extent of program overlap and multiple program use among Illinois children. This issue is the focus of Chapter 9, Multiple Program Participation.

Throughout the chapter, we emphasize a number of important conclusions from our analyses. First, although cash assistance to poor women and children has received enormous attention in the public debate, we note that it is essential to look at a broad range of programs to understand the pattern of and trends in economic supports to poor children. Cash assistance for the poor is by no means the largest program in terms of population coverage. Furthermore, many economic support programs exhibit divergent trends in use from those in cash assistance.

Second, although the trend in participation in most programs reflects the underlying health of the economy (use of many programs increased until 1993–94 and declined thereafter), there are notable exceptions to this general trend, and indeed some significant deviations.

For example, the numbers of children receiving SSI or Medicaid without cash assistance each continued to increase for significant periods of time after the observed decline in cash assistance participation. Such divergent trends point to a need to focus on programs individually to further our understanding of the trends in program use.

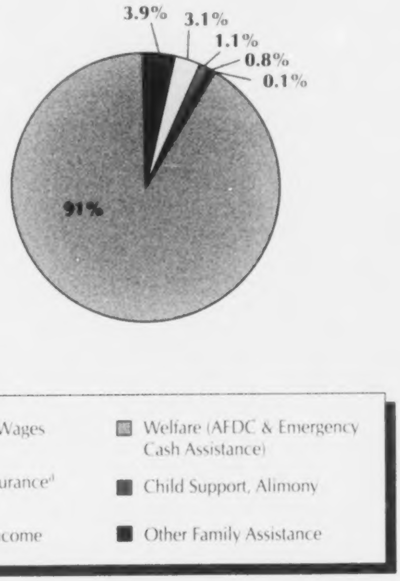
Third, although data on child-level characteristics is limited to selected programs, analysis of the socioeconomic and demographic attributes of children across selected programs reveals some variation in the characteristics of those who use programs aimed at the poor. Thus, although there is obvious overlap in the use of economic supports in Illinois, programs can have their own separate constituencies.

Although the focus of this chapter is on available economic supports to low-income children, it is important to bear in mind that the government is an important source of support for many families of all income brackets. The extent and magnitude of these supports are sometimes lost in discussions of government provision focusing on the poor. By far the largest economic support offered to all children in Illinois is the guarantee of a free public education. In 1997–98, 1.9 million children were enrolled in primary and secondary public schools across the state. Although the public school system is largely funded by local property taxes, the state and federal governments paid for roughly one-third, and 10 percent respectively, of the total expenditure. Overall, $14.3 billion was spent on K–12 education in 1997–1998.[1]

A second economic support is the federal mortgage tax interest deduction that is offered to anyone with a mortgage on a home. Although the value of the deduction depends on the homeowner's income, the mortgage deduction primarily benefits middle and upper incomes—those most able to purchase homes. No precise information exists on the number of Illinois families with children who take advantage of the home mortgage tax deduction (or indeed the total number of children affected). The National Center for Policy Analysis, however, estimated in 1996 that a person paying taxes at a 15 percent effective rate saves approximately $1,200 in taxes per year on a $100,000 mortgage at current mortgage interest rates. Another paying taxes at a 28 percent effective rate saves approximately $2,200 on a similar mortgage.[2]

Third, there are several programs administered by the government that provide some form of social insurance to all income groups. These include Social Security, Unemployment Insurance, Workers' Compensation, and Veterans Assistance. Using Current Population Survey (CPS) estimates, Figure 10–1 shows that in 1995, 3.9

## Figure 10–1. Income Sources Among Illinois Families, 1995



*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Includes unemployment and workers' compensation, social security, Veterans and disability benefits. **Unemployment Compensation** includes compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds. **Workers' Compensation** includes compensation received periodically from public or private insurance companies for injuries incurred at work. **Social Security** includes retirement income, railroad retirement, disability payments, family benefits, and survivors' income. **Veterans' Assistance** includes money paid by the Veterans Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums. **Disability Benefits** include disability income received from workers' compensation, company or union disability, federal government disability, U.S. Military Retirement Disability, state or local government employee disability, U.S. Railroad Retirement Disability, and accident or disability insurance.

## Table 10–1. Percent of Illinois Children Living in Families Who Received Economic Support, by Type, 1990 and 1995

| | 1990 | 1995 |
|---|---|---|
| Unemployment compensation | 7.1 | 8.7 |
| Social Security | 4.8 | 6.8 |
| Workers' compensation | 2.6 | 1.8 |
| Veterans' assistance | 0.8 | 0.7 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

percent of income among Illinois families with children came from one of these insurance programs.[3] Table 10–1 shows the percent of Illinois children living in families supported by these social insurance programs. Note particularly the importance of unemployment insurance and social security, received by 8.7 percent and 6.8 percent of children respectively in 1995.

Before we proceed to examine programs directed particularly at the poor in detail, we begin by documenting the range of programs included in this chapter. Table 10–2 estimates the percent of children who used each of a selection of programs in 1995. We focus predominantly on 1995 since it is the latest year for which we have data on most of the programs we discuss later. These data should not be seen as conclusive evidence of their relative importance, as benefit levels vary across programs, but they are at least indicative of their coverage.

**Table 10–2. Estimated Percent of Illinois Children Receiving Selected Economic Support Programs, 1995**

| Program | % of all Illinois Children |
|---|---|
| Earned Income Tax Credit (EITC)[a] | 34.4 |
| School Lunch Program[b] | 32.0 |
| Medicaid[c] | 23.1 |
| Food Stamps | 18.1 |
| Aid to Families with Dependent Children (AFDC) | 15.0 |
| Public Housing | 5.2 |
| Subsidized Housing | 2.8 |
| State Subsidized Child Care | 1.8 |
| Supplemental Security Income (SSI) | 1.6 |

*Sources:* **EITC:** Internal Revenue Service (IRS) *Quarterly Statistics on Income Bulletin, Supplemental Earned Income Reports.* Assumptions recommended by the Center on Budget and Priorities, Washington, D.C. (Chapin Hall staff analysis); **School Lunch Program**: United States Department of Agriculture, Food and Nutrition Service, Child Nutrition Division, unpublished preliminary estimates, 1998; **Medicaid, Food Stamps** and **AFDC**: Illinois Department of Human Services (IDHS) Client Database (Chapin Hall staff analysis); **Public Housing** and **Subsidized Housing**: Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999 (Chapin Hall staff analysis); **State Subsidized Child Care**: Illinois Department of Public Aid, *Child Care Programs Report to the General Assembly*, 1995; **SSI**: Social Security Administration *Social Security Bulletin, Annual Statistical Supplement, 1989-1998*; **Number of Illinois Children**: U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12). For all programs except the Earned Income Tax Credit, we use the total number of children under age 18 as the denominator. For the EITC, we use the total number of children under age 19. We note that the EITC is available to families with children up to age 24 when they are full-time students and to all families with children under age 19. We were unable to identify the total number of students up to age 24.

[a] 1996 data. For details on data sources used and assumptions made, see later section on the Earned Income Tax Credit.

[b] 1998 data.

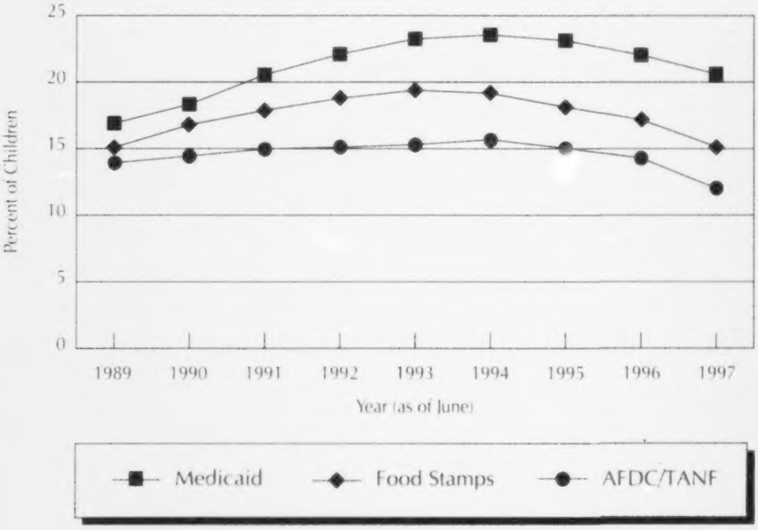
[c] Medicaid includes those receiving Medicaid under the Medical Assistance and Cash Grant (MAG), Medical Assistance-No Grant (MANG), Aid to the Aged, Blind, and Disabled (AABD), General Assistance, and Refugee Programs. It also includes children receiving Medicaid extensions (see later in text for Medicaid extension definition). Children receiving Medicaid because of foster care placement are not included.

In terms of population served, the most significant programs directed at the poor are the Earned Income Tax Credit and the school lunch program, each of which served approximately one-third of all Illinois children in 1995. The three programs generally considered as the "safety net" for low-income Americans—Medicaid, food stamps, and cash assistance—follow. Of the three, cash assistance has the smallest number of recipients, owing to broader eligibility rules for food stamps and Medicaid. Nearly one-quarter of all Illinois children (23.1 percent) received Medicaid in June 1995. Fewer received food stamps (18.1 percent), while just 15 percent received AFDC cash assistance. Housing benefits are also quite extensive, with 8 percent of Illinois children living in public housing or receiving subsidized housing. Subsidized child care provision, which prior to welfare reform was often bundled with the JOBS training program, and SSI, designed to offer cash assistance to the blind and disabled, were used by 1.8 percent and 1.6 percent of children, respectively.

Using the Illinois Department of Human Services (IDHS) Client Database, it is possible to examine trends over time in the three basic safety net programs included in Table 10–2. Figure 10–2 documents the trend over time in the percent of children receiving AFDC/TANF, Medicaid, and food stamps. Over the last decade, between 12 and 16 percent of children benefited from AFDC/TANF as of June of each year. Between 15 and 19 percent of children participated in the food stamp program and between 16 and 24 percent used the Medicaid program.

The link between the size of these various economic support programs and the economy cannot be overlooked. During the early part of

**Figure 10–2. Percent of Illinois Children Receiving Selected State Support Programs, 1989–1997**



*Sources:* Illinois Department of Human Services Client Database (Chapin Hall staff analysis); U.S. Department of Commerce, Bureau of the Census, "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12).

*Note:* Medicaid includes those receiving Medicaid under the Medical Assistance and Cash Grant (MAG), Medical Assistance-No Grant (MANG), Aid to the Aged, Blind, and Disabled (AABD), General Assistance, and Refugee Programs. It also includes children receiving Medicaid extensions (see later in text for Medicaid extension definition). Children receiving Medicaid because of foster care placement are not included.

the 1990s when the state and national economy was in a recession and unemployment rates were rising, program participation was higher. From 1989 to 1994, the percent of children receiving these programs rose each year. In the mid-1990s, with economic recovery beginning and unemployment rates declining, participation trends began to decline. There are many additional potential reasons for caseload decline and growth beyond the economy. Policy changes, such as welfare reform, can influence caseloads. Illinois has experimented with welfare reform policies since the mid-1990s, and we will discuss their potential contribution to changing caseloads.

## Cash Assistance Programs

The two cash assistance programs available to low-income children over the past decade have been Aid to Families with Dependent Children (AFDC), replaced in 1997 with Temporary Assistance to Needy Families (TANF)—a cash assistance program available primarily to single mothers with children—and Supplemental Security Income (SSI), available to low-income blind and disabled individuals. Until July 1997 and the implementation of welfare reform, both programs were federal entitlement programs that were not capped in terms of funding. Anyone who was eligible was thus entitled to receive benefits.

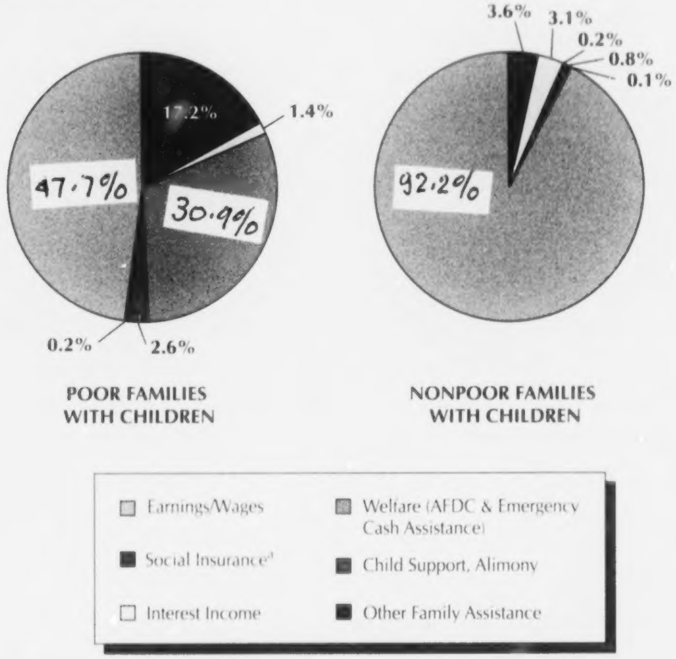
### *AFDC/TANF*

AFDC was established in 1935 by the federal government to support the needy children of abandoned or widowed mothers. Later expanded to include the children of never-married mothers ("basic" cases), and subsequently two-parent families whose principal breadwinner was unemployed ("unemployed-parent" cases), AFDC has for over three decades been an entitlement program with no time limits and the nation's primary cash assistance program.[4]

The importance of AFDC for total income in Illinois is illustrated in Figure 10–1. Based on CPS estimates, Figure 10–1 shows that cash payments from AFDC and some emergency cash assistance programs accounted for just 1 percent of total income among Illinois families with children in 1995. Figure 10–3 illustrates that although cash benefits, not surprisingly, play almost no role for those above the poverty line, such public assistance accounts for nearly one-third of the income of families with children living below the poverty line.

With the passing of welfare reform, AFDC has been abolished and replaced by the TANF program, funded by a federal block grant to states. Despite the fact that states have been given more discretion over how to use the lump sum to design and implement their welfare programs, federal mandates limit eligible families to receiving TANF cash assistance for no more than 5 years over their lives, and requiring states to move half of current case-

**Figure 10–3. Income Sources Among Illinois Families Above and Below the Poverty Line, 1995**



*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

[a] Includes unemployment and workers' compensation, social security, Veterans and disability benefits.

loads into the workforce by 2002. Currently in Illinois, the maximum amount that a family of three (one adult and two children) can receive is $377 per month.

There are a number of important features of Illinois's welfare reform package that pertain to our discussion of trends in program use below. First, Illinois experimented with welfare reform as early as 1993. To encourage work among AFDC recipients for example, Illinois implemented an innovative Work Pays program in November 1993. Under the Work Pays policy, a client's cash assistance grant in Illinois is reduced by only $1 for every $3 of gross income earned until his or her gross income reaches three times the cash assistance grant. Thus, while cash assistance eligibility has been set at approximately 36 percent of the federal poverty line for new recipients, under the Illinois Work Pays program, clients continue to be eligible for some cash grant until their gross incomes reach the federal poverty line. In addition, using federal waivers, Illinois introduced certain time limits in 1995 when it introduced the Targeted Work Initiative (TWI). Under TWI, adults with no child under 13 are required to find work and stay employed to keep receiving cash assistance after 24 months. For those who cannot find a job on their own, IDHS provides help by putting them in a job program. Both Work Pays and TWI currently form part of the state's TANF policy.

The second feature is Illinois's willingness to stop the 5-year clock during those months in which a client has reported earnings and, as of October 1, 1999, works at least 30 hours or more per week (two-parent families must work a total of 35 hours per week to receive these exemptions). The clock is also stopped during those months when a single parent participates in an approved post-secondary program and maintains a grade point average of 2.5 or higher.[5]

With these institutional details in mind, we use the IDHS client

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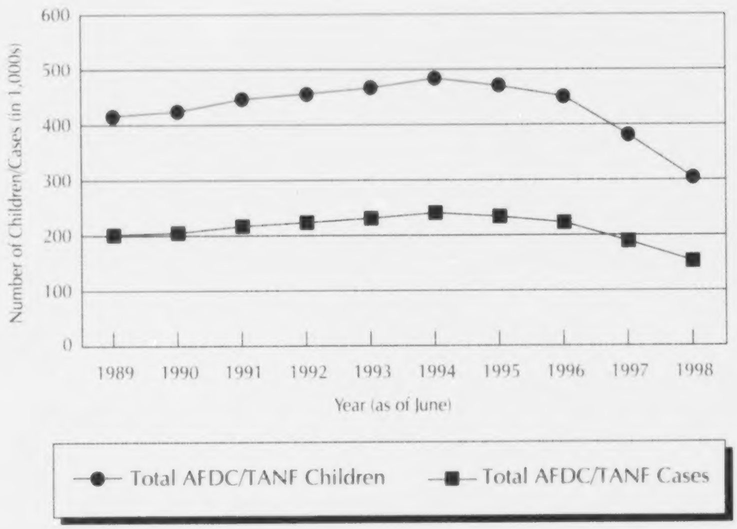
data to identify the number of child AFDC/TANF recipients over the past decade. Where data permit, we also examine the distribution of the family socioeconomic and demographic characteristics of child recipients. To place the child in context of the family, we also present figures on the number of cases or families. The family is considered a "case," and there may be several children in one case.

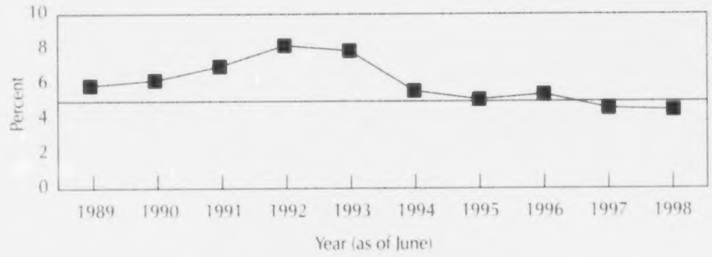
Figure 10–4a shows that both the number of children (who consistently composed over two-thirds of the caseload) and the number of cases receiving AFDC/TANF increased steadily from 1989 through 1994. The child population grew by 16.2 percent and the number of cases increased by close to 20 percent during this time. Between 1994 and 1998, the number of children fell by approximately 37 percent, while the number of cases fell 36 percent. This translates into 88,000 fewer cases and roughly 180,000 fewer children. Looking at the past decade in its entirety, although the first half of the 1990s saw caseload growth, the significant declines in the latter half of the decade culminated in an overall 27 percent drop in the AFDC/TANF child population between 1989 and 1998.

**Figure 10–4a. AFDC/TANF Caseload in Illinois, 1989–1998**



*Source:* Illinois Department of Human Services Client Database, Chapin Hall staff analysis.

**Figure 10–4b. Seasonally Adjusted Unemployment Rates in Illinois, 1989–1998**



*Source:* The State of Illinois Department of Employment Security, Local Area Unemploy-ment Statistics, Seasonally Adjusted Monthly Data for 1978–1989 and 1990–1999, <http://lmi.ides.state.il.us/laus/ilcpshis.htm>.

Clearly the economic recession beginning in 1990 was responsible for a portion of the 16 percent increase in child recipients between 1989 and 1994, and the buoyant economy and falling unemployment rates of the mid- to late 1990s contributed to its decline. Unemployment in Illinois peaked in 1992 at 8.2 percent, and by 1998, the unemployment rate had fallen to 4.5 percent (see Figure 10–4b).

Welfare reform is also often credited with declining caseloads, and the timing of caseload decline in Illinois is certainly correlated with the implementation of policy changes such as Work Pays in 1993. The impacts of reforms are likely to be felt through the 2- and 5-year limits on receipt of assistance, and we also have seen a notable decline in the receipt of cash assistance since the implementation of time limits in 1995 and 1997. This decline is sharpest from 1996 onward. It is important, however, to note that it is difficult to claim conclusively that this has been caused by welfare reforms rather than by a combination of reforms coupled with improvements in the local economy. Indicative of this is the fact that, as shown in Figure 10–2, receipt of Medicaid and food stamp programs not directly affected by TANF reforms per se have also seen a substantial decline since 1994.[6]

We also note that CPS estimates indicate that in 1990, 66.7 percent of Illinois children living below the poverty line received AFDC/TANF, declining to 61 percent in 1995. In other words, roughly one-third of Illinois children living in poverty are not receiving AFDC/TANF, indicating that changes in the caseload alone are not necessarily synonymous with changes in need.

### *IDHS Child Support Enforcement Program for AFDC/TANF recipients*

An additional source of income for many AFDC/TANF families are child support payments made through the Illinois Department of Public Aid Child Support Enforcement Program. Although this program serves Illinois residents regardless of income, women who apply for public assistance are required to cooperate with the state in identifying and locating the fathers of each of their children as a condition of cash receipt. The federal government has given states permission to trace fathers through a variety of sources, including Social Security records, tax reports, and Veterans Administration records. The first $50 in child support payments from an absent father are added to a woman's AFDC/TANF check, and increase her income. Above this amount, child support enforcement payments go directly to the government. For families who are working, however, the Department of Public Aid disregards two-thirds of the excess child support in addition to the $50 pass-through.

On its face, perhaps, child support should not be included as part of a discussion on economic supports for children since the monies contributed do not come from public funds; the reason it is included here is that state enforcement has been instrumental in many contributions being made. Among AFDC/TANF recipients in FY 1997, for example, Illinois distributed over $267 million in child support payments. Of that, $77.7 million (29%) went to children in families receiving TANF, while $189.7 million (71%) went to non-TANF cases.[7] The average monthly child support payment in Illinois in FY 1997 was $282.[8]

**Table 10–3. Characteristics of Child AFDC/TANF Recipients in Illinois (by case type, age, race/ethnicity, and geographic location), 1989–1998 (June)**

| | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Number of children** | 416,348 | 424,392 | 446,704 | 456,237 | 466,588 | 483,973 | 469,970 | 451,007 | 381,647 | 304,162 |
| **Case Type (%)** | | | | | | | | | | |
| Basic | 94.9 | 94.8 | 94.4 | 95.0 | 94.9 | 94.1 | 94.4 | 94.7 | 95.1 | 96.6 |
| Unemployed parent | 5.1 | 5.2 | 5.6 | 5.0 | 5.1 | 5.9 | 5.6 | 5.3 | 4.9 | 3.4 |
| Age (%) | | | | | | | | | | |
| 0 to 2 | 38.8 | 39.9 | 40.8 | 41.6 | 42.0 | 42.0 | 41.1 | 39.7 | 36.9 | 32.5 |
| 3 to 5 | 30.2 | 29.5 | 29.0 | 28.5 | 28.3 | 28.6 | 29.3 | 30.7 | 32.4 | 34.6 |
| 6 to 9 | 20.9 | 21.1 | 21.1 | 20.8 | 20.7 | 20.3 | 20.2 | 20.3 | 21.0 | 22.7 |
| 10 to 14 | 9.6 | 9.0 | 8.6 | 8.6 | 8.5 | 8.6 | 8.9 | 9.2 | 9.6 | 10.1 |
| 15 to 17 | 0.5 | 0.5 | 0.5 | 0.5 | 0.6 | 0.6 | 0.4 | 0.2 | 0.1 | 0.1 |
| **Race/Ethnicity (%)** | | | | | | | | | | |
| White | 25.6 | 26.0 | 26.7 | 27.0 | 27.1 | 27.2 | 26.6 | 25.2 | 23.8 | 22.1 |
| African American | 64.5 | 63.7 | 62.2 | 61.3 | 60.8 | 59.8 | 59.9 | 61.5 | 63.6 | 65.6 |
| Hispanic | 9.1 | 9.6 | 10.3 | 10.9 | 11.2 | 12.0 | 12.4 | 12.1 | 11.4 | 11.1 |
| Other[a] | 0.8 | 0.8 | 0.8 | 0.8 | 0.9 | 1.0 | 1.2 | 1.2 | 1.2 | 1.2 |
| **Geographic Location (%)** | | | | | | | | | | |
| Cook County | 67.2 | 66.4 | 65.6 | 65.4 | 65.5 | 65.6 | 66.0 | 67.0 | 67.3 | 68.3 |
| Collar counties[b] | 4.9 | 5.2 | 5.6 | 5.9 | 6.2 | 6.3 | 6.2 | 6.1 | 5.9 | 5.6 |
| Balance of state | 28.0 | 28.4 | 28.8 | 28.7 | 28.3 | 28.1 | 27.7 | 26.9 | 26.8 | 26.1 |

*Source:* Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

[a] Includes Asian, American Indian, Alaskan Native, and other unidentified races/ethnicities.

[b] Include DuPage, Kane, Lake, McHenry, and Will counties.

### *Characteristics of child AFDC/TANF recipients*

One of the issues that we emphasized in the introduction is how populations vary across programs. Accordingly, Table 10–3 shows the distribution of selected characteristics of AFDC/TANF children. We use available child-level information from the IDHS Client Database. First, we note that the majority of children receiving AFDC/TANF reside in basic cases (single-parent families). Between 1989 and 1996,

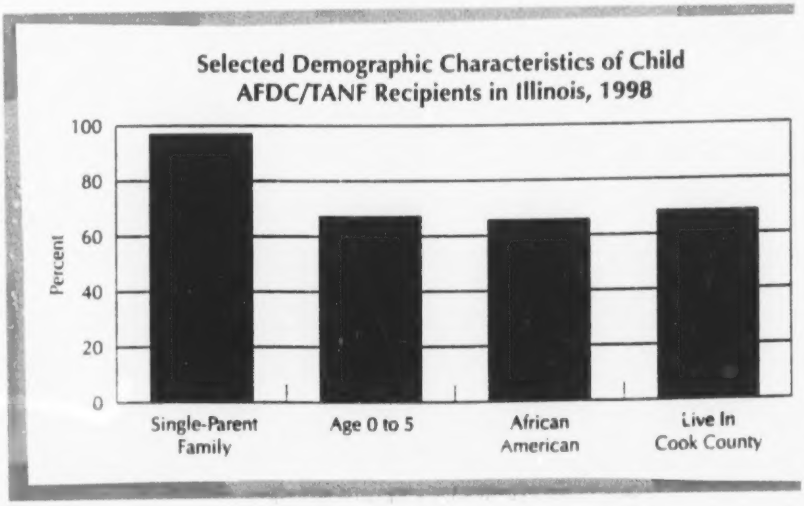
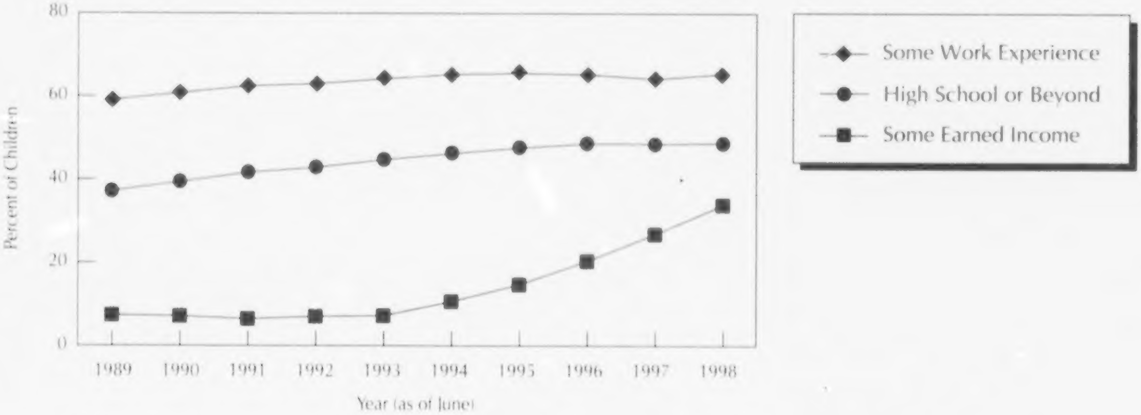


**Figure 10–5. Parental Characteristics of Illinois Child AFDC/TANF Recipients, 1989–1998**

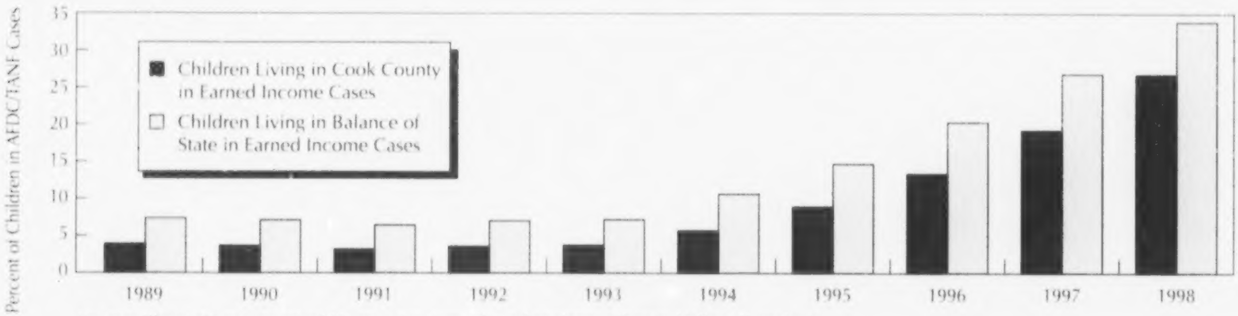


*Source:* Illinois Department of Human Services Client Database; Chapin Hall staff analysis.

approximately 5 to 6 percent of children lived in unemployed-parent cases (two parents). From 1994 onward, we see a slight increase in the share of children living in one-parent families.

Second, the age distribution of AFDC/TANF children has been fairly consistent over the decade. In 1998, over 67 percent of TANF children were under age 6 and just under 90 percent were under age 10. With regard to race/ethnicity, by 1998, just under two-thirds of all child recipients were African American and, reflecting the concentration of African American children in Cook County, a slightly greater proportion resided in Cook County. During the economic recession of the early 1990s, we saw an increase in the proportion of white and Hispanic recipients, but this has been reversed, particularly among white recipients, in the economic boom since 1995.

**Figure 10–6. Illinois Children Receiving AFDC/TANF Whose Families Reported Earned Income (Cook County vs. Balance of State), 1989–1998**



*Source:* Illinois Department of Human Services Client Database; Chapin Hall staff analysis.

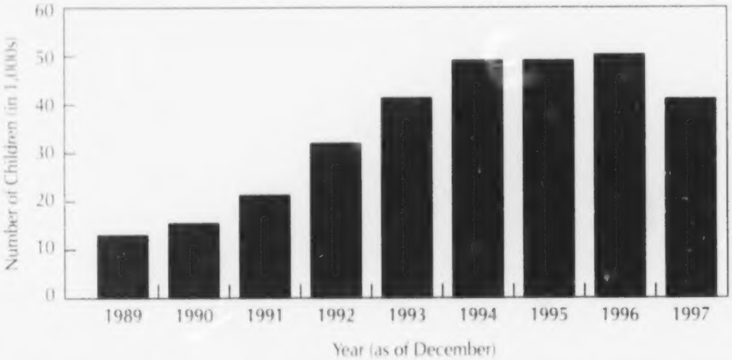
Turning to the family socioeconomic and demographic characteristics of child AFDC/TANF recipients, Figure 10–5 shows that the education and work experience levels of AFDC/TANF adults have increased steadily over the decade. As of 1998, almost two-thirds of children lived in households in which the grantee had some work experience, and just under half lived with grantees who had a high school education or beyond. By contrast, the proportion of children living with adults with earned income has seen dramatic increases. In 1989, fewer than 8 percent of children were living with grantees who reported earned income. By 1995, after the introduction in November 1993 of Work Pays, almost 15 percent reported income. By 1998, over one-third of children lived with grantees who reported earned income. As Figure 10–6 illustrates, earned income patterns varied by region of the state. A significantly higher proportion of children residing outside of Cook County lived with grantees who report earned income.

### *Supplemental Security Income (SSI)*

The second major cash assistance program targeted at poor families was implemented in 1972. The SSI program is administered by the Social Security Administration (SSA) and pays monthly benefits to the elderly, the blind, and to low-income disabled individuals. A family of four in Illinois with two parents and one blind or disabled child must have an income lower than $1,542 per month for the child to be eligible for SSI. In contrast to TANF, SSI continues to be a federally designed program with limited state involvement in rule setting, which means that it provides a standard set of national benefits. An eligible child may receive up to $500 monthly in SSI payments. In the following discussion of trends in child SSI recipients (blind and disabled combined), we use data reported by the Social Security Administration in its *Annual Statistical Supplements* from 1989–1998.

Figure 10–7 presents the number of children receiving SSI payments in December of each year from 1989 through 1997. The number of child recipients in Illinois more than tripled between 1989 and 1997. The dramatic increase in the number of children beginning in 1992 can be linked, in part, to a 1990 Supreme Court decision (*Sullivan v. Zebley*)

**Figure 10–7. Child SSI Recipients in Illinois, 1989–1997**



*Source:* Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement,* 1989–1998.

that broadened eligibility and expanded the list of eligible disabilities. Note also the decline in use of SSI since 1996, reflecting tightened eligibility requirements under welfare reform coupled with improvements in the economy.[9]

### In-Kind Programs

In addition to cash assistance, much of the support for low-income families is provided through programs that subsidize particular types of goods and services. We turn our attention now to child participation trends in these in-kind programs. We focus in particular on Medicaid, food stamps, the school lunch program, and selected housing subsidies. Both Medicaid and food stamps are entitlement programs, and hence must be provided to all eligible applicants. By contrast, there are no nationally available housing assistance programs—they are left to the discretion of local governments.

There are many additional in-kind programs not described here. An obvious omission is the special supplemental food programs for Women, Infants, and Children (WIC). WIC provides food or vouchers to purchase food to low-income pregnant women and preschool children. Despite the fact that these are clearly important programs for the poor, we were unable to obtain data on participation rates over time.

#### *Medicaid*

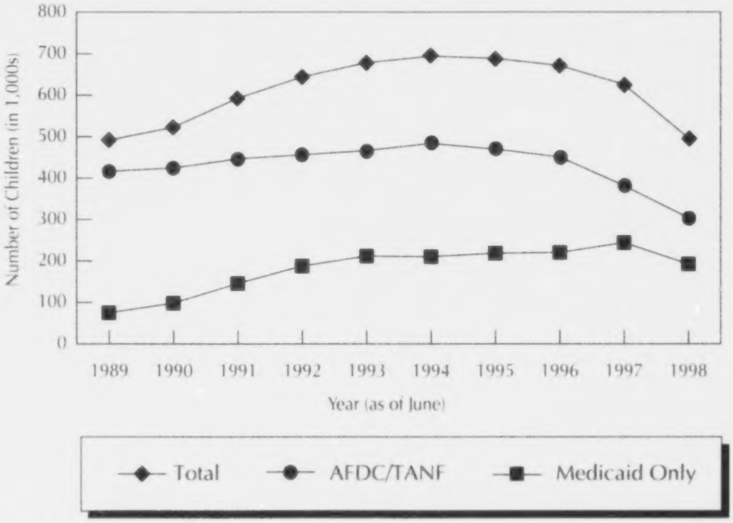
Established in 1965, Medicaid pays the health care expenses for certain groups among the poor. Originally restricted to those families receiving AFDC and the low-income aged, blind, and disabled receiving SSI, eligibility was soon extended to families whose incomes fell below the Federal Poverty Level (FPL). In the late 1980s, there was concern about the increasing numbers of employed persons without health insurance and that loss of Medicaid might become a disincentive for TANF recipients to seek employment. As a result, Medicaid benefits were extended to all families with incomes up to 133 percent of the FPL and, for a limited time period, to families that lost cash assistance owing to income from employment. These are referred to as "Medicaid extension" cases.[10]

Eligibility has further been extended for children as of 1998 under the Children's Health Insurance Program (CHIP), known in Illinois as the KidCare program.

Beginning in January 1998, the KidCare Assist Program offered Medicaid coverage to all children ages 18 and under in families with income up to 133 percent of the FPL.

KidCare Share, KidCare Premium, and KidCare Rebate were introduced in August 1998. Under KidCare Share, Medicaid coverage was extended to children ages 18 and under living in families with incomes above 133 percent but at or below 150 percent of the FPL. Families share Medicaid costs via a copayment for services. Under KidCare Premium, children ages 18

**Figure 10–8. Number of Illinois Children Receiving Medicaid Under AFDC/TANF (MAG) and Medicaid Only (MANG) Programs, 1989–1998**



*Source:* Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

*Note:* MANG includes Medicaid extension cases.

and under with family incomes between 150 percent and 185 percent of the FPL are eligible for Medicaid with payment of both a copayment for service and a monthly premium. KidCare Rebate is also available to children ages 18 and under whose family income is between 133 percent and 185 percent of FPL and where the children are already covered by private insurance or sponsored by an employer. The KidCare Rebate plan pays all or part of the premium up to $75 per month per child.

Finally, all pregnant women and children under age 1 are eligible for full Medicaid coverage up to 200 percent of the Federal Poverty Level under the Mom's and Baby's Program.[11]

Today, a sizable proportion of the low-income Medicaid population does not receive TANF, and this group is referred to as Medical Assistance-No Grant (MANG) cases.

Figure 10–8 distinguishes between children who receive Medicaid because of their eligibility for AFDC/TANF, and those who, although financially ineligible for AFDC/TANF, are eligible for Medicaid (MANG). The latter group, often considered the children of the "working poor," comprises those whose parents may be transitioning from cash assistance to employment, and those whose parents may be low-income workers who have never been on cash assistance. We do not include those children who are eligible for Medicaid because of SSI eligibility or foster care placement in this figure.[12]

Mirroring the trend in AFDC/TANF participation, the figure shows that the total combined child Medicaid (AFDC/TANF and MANG) rolls increased by 41 percent between 1989 and 1994. Much of this is fueled by rising numbers of MANG recipients. Over the period, the numbers within the MANG group almost tripled while enrollment among AFDC/TANF families increased by just 16 percent. As with the trend in the AFDC/TANF caseload, by the mid-1990s, the combined Medicaid population began to decline. Between 1994 and 1998, the number of low-income children receiving Medicaid fell by almost 200,000, or 28 per-

**Table 10–4. Characteristics of Child Medicaid-No Grant (MANG) Recipients in Illinois (by case type, age, race/ethnicity, and geographic location), 1989–1998 (June)**

| | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Number of children** | 75,110 | 98,310 | 145,854 | 187,954 | 211,780 | 210,433 | 218,896 | 220,418 | 244,309 | 192,445 |
| **Case Type (%)** | | | | | | | | | | |
| Basic | 87.2 | 89.2 | 88.5 | 88.2 | 89.5 | 77.9 | 70.6 | 68.3 | 68.6 | 74.2 |
| Unemployed parent | 12.8 | 10.8 | 11.5 | 11.8 | 10.5 | 22.1 | 29.4 | 31.7 | 31.4 | 25.8 |
| **Age (%)** | | | | | | | | | | |
| 0 to 2 | 34.9 | 38.2 | 41.4 | 43.0 | 43.9 | 43.8 | 43.2 | 44.5 | 43.5 | 31.8 |
| 3 to 5 | 27.0 | 25.9 | 25.3 | 25.6 | 26.1 | 26.7 | 27.5 | 28.4 | 29.1 | 34.2 |
| 6 to 9 | 23.8 | 22.9 | 21.6 | 20.6 | 19.9 | 19.6 | 19.4 | 18.3 | 18.7 | 26.2 |
| 10 to 14 | 13.2 | 11.9 | 10.6 | 9.8 | 9.2 | 9.0 | 9.2 | 8.0 | 8.0 | 7.0 |
| 15 to 17 | 1.0 | 1.1 | 1.1 | 0.9 | 0.9 | 0.9 | 0.8 | 0.8 | 0.7 | 0.8 |
| **Race/Ethnicity (%)** | | | | | | | | | | |
| White | 53.6 | 52.2 | 50.3 | 49.1 | 47.8 | 46.9 | 45.7 | 43.7 | 42.7 | 43.8 |
| African American | 33.7 | 31.8 | 27.7 | 26.3 | 25.0 | 23.0 | 22.7 | 22.9 | 25.3 | 29.6 |
| Hispanic | 11.5 | 14.7 | 20.3 | 22.7 | 25.0 | 27.7 | 28.9 | 30.7 | 29.2 | 23.9 |
| Other[a] | 1.2 | 1.3 | 1.6 | 1.8 | 2.2 | 2.4 | 2.7 | 2.8 | 2.8 | 2.7 |
| **Geographic Location (%)** | | | | | | | | | | |
| Cook County | 38.8 | 40.4 | 42.9 | 45.2 | 46.3 | 47.3 | 47.6 | 48.6 | 49.1 | 48.3 |
| Collar counties[b] | 8.7 | 9.4 | 10.8 | 10.9 | 11.0 | 11.3 | 11.6 | 12.2 | 12.1 | 11.5 |
| Balance of state | 52.5 | 50.2 | 46.3 | 43.9 | 42.7 | 41.4 | 40.8 | 39.2 | 38.8 | 40.2 |

*Source:* Illinois Department of Human Services Client Database. Chapin Hall staff analysis.

*Note:* Included are regular MANG cases and MANG Medicaid extension cases.

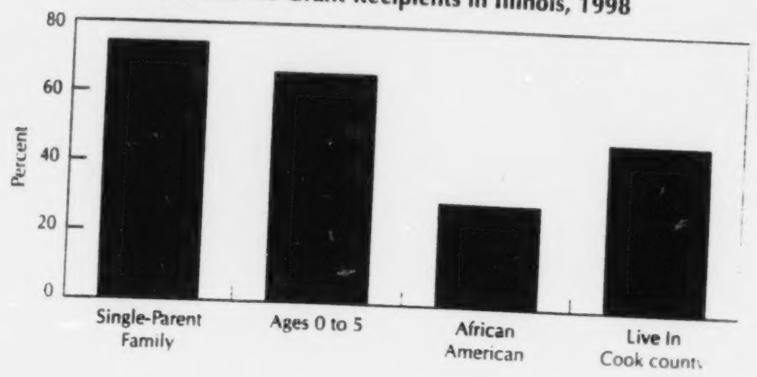
[a] Includes Asian, American Indian, Alaskan Native, and other unidentified races/ethnicities.

[b] Collar counties include DuPage, Kane, Lake, McHenry, and Will counties.

cent. Nearly all of this decline is attributable to the dramatic decline in the number of AFDC/TANF recipients. Between 1994 and 1998 this population declined by almost 180,000. Child MANG numbers, by contrast, continued to increase until 1997. Overall, children in AFDC/TANF families represented almost 85 percent of low-income Medicaid recipients in 1989, but just above 60 percent in 1998.

Given the increasing importance of the program, we look more

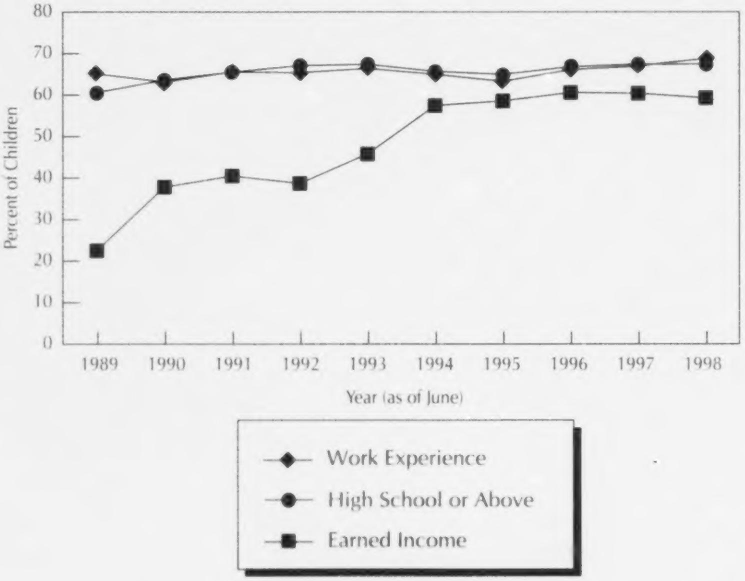
**Selected Demographic Characteristics of Child Medicaid-No Grant Recipients in Illinois, 1998**



closely in Table 10–4 at the socioeconomic and demographic characteristics of MANG children between 1989 and 1998. While as with AFDC/TANF, the majority of children live in one-parent cases, the proportion of children living with two parents has always been higher than among TANF children. During the early 1990s, approximately 10 to 12 percent of children lived in two-parent families. In 1994, we see a significant rise with 22.1 percent of children living in two-parent families. The mid- to late 1990s witnessed continued growth in the two-parent living arrangement to almost a third of children in 1997, before falling a little in 1998. MANG children, like their AFDC/TANF counterparts, are predominantly young. Comparison of Tables 10–4 and 10–3 shows that children receiving MANG are consistently more likely than children receiving AFDC/TANF to be white. In 1998, for example, while white children represented 22.1 percent of TANF child recipients, they made up 43.8 percent of MANG children. The proportion of MANG children who are white has declined a little over the decade. Although over half (53.6%) were white in 1989, white children accounted for just under 44 percent of all MANG children by 1998. Although the proportion of MANG children living in Cook County has increased over the last decade from 38.8 percent in 1989 to 48.3 percent in 1998, MANG children are generally more likely to live outside of Cook County than their AFDC/TANF counterparts.

Examination of the parental characteristics of MANG children in Figure 10–9 and comparisons with AFDC/TANF children in Figure 10–5 show differences in the pattern of work experience among the parents of AFDC/TANF and MANG children. Figure 10–5 shows a small but definite increase in work experience across time for AFDC/TANF parents, while Figure 10–9 shows no increase for MANG parents. Although the level of education has risen consistently for both groups over the 1989 to 1998 period, significantly more MANG than AFDC/TANF chil-

**Figure 10–9. Parental Characteristics of Illinois Children in Medical Assistance-No Grant Cases, 1989–1998**



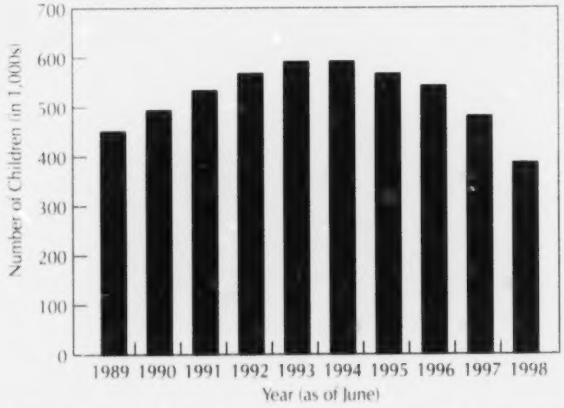
*Source:* Illinois Department of Human Services Client Database, Chapin Hall staff analysis.

*Note:* Because we cannot rely on earned income data among extension cases, the figures presented for earned income do not include children in Medicaid extension cases.

dren lived with adults who had a high school diploma. MANG children in the late 1980s and early 1990s were approximately 60 percent more likely than their AFDC/TANF counterparts to live with parents with a high school education or beyond. By the late 1990s, the relative parental educational advantage had fallen such that MANG children were between 35 and 40 percent more likely to live with parents with a high school education or beyond.

Differences across the two groups in earned income have also been consistently pronounced. As expected, those receiving AFDC/TANF are less likely to report earned income than are MANG recipients. In the early 1990s, while less than 10 percent of AFDC/TANF children's parents reported earned income, over one-third of MANG parents did so. During the first half of the decade, this gap increased. By 1994 for example, MANG children were over 5 times more likely to have a parent with earned income (57.5 percent) than their AFDC/TANF counterparts (10.7 percent). From 1995 onward, however, we see a sharp increase in the proportion of AFDC/TANF children whose parents reported earned income, while the rate of parental earned income among MANG children has remained fairly constant. By 1998, over 33 percent of AFDC/TANF families had some earned income, and the percentage of MANG families with some earned income was 59.3 percent.

**Figure 10–10. Child Food Stamp Recipients in Illinois, 1989–1998**



*Source:* Illinois Department of Human Services Client Database; Chapin Hall staff analysis.

Again, we should bear in mind that not all children who are eligible for Medicaid receive it. A recent study estimates that just under 50,000 uninsured children live in families with incomes below 133 percent of the federal poverty line, thus making them eligible for Medicaid. Furthermore, while as of August 2000, 113,838 children had enrolled under the KidCare program, the study estimates that approximately 200,000 children and pregnant women were eligible for KidCare.[13] Efforts are underway to increase public awareness and increase participation.[14]

### *Food Stamps*

The food stamp program, introduced in 1964, is the nation's principal nutrition assistance program. Since the early 1980s, the program has provided families earning up to 130 percent of the federal poverty line with coupons that may be exchanged for food at certified grocery stores. In Illinois, food stamp benefits have been delivered to clients electronically since 1997 via the Illinois debit or "Link" card. Like Medicaid, food stamp eligibility is based on a higher income threshold than AFDC/TANF. AFDC/TANF and SSI recipients are automatically eligible for food stamps, but a family that is ineligible for cash assistance can still receive a substantial food stamp benefit. In Illinois, the maximum food stamp benefit for a family of three in 1998 was $321 (about $1 per person per meal).[15] We do not present information on the characteristics of child food stamp recipients, as the IDHS Client Database does not contain information on the socioeconomic and demographic characteristics of all child food stamp recipients.[16]

Not surprisingly, as with AFDC/TANF and Medicaid, food stamp trends follow unemployment trends (see Figure 10–4b). Beginning in 1989, the number of children receiving food stamps rose consistently, climbing sharply between 1990 and 1994 before falling from 1994 onward (see Figure 10–10). Between 1994 and 1998, the number of children receiving food stamps dropped by more than 200,000, a decline of almost 35 percent. The fewest children in a decade received food stamps in 1998—approximately 386,000 children.

Again, we note that not all children eligible for services actually receive them. Here, we use CPS data to estimate the number of children who, while parental income levels indicate they are eligible for food stamps, do not receive them. Although we note above that children whose parental income is below 130 percent of the FPL are eligible for food stamps, available CPS data allow us to estimate nonparticipation only at selected income levels. We thus estimate nonparticipation rates among those whose income falls below 125 percent of the FPL. We note further that the CPS collects food stamp participation data at the household rather than the family level. A household may be composed of one or more families. Thus, among children living in households with income below 125 percent of the FPL in 1995, and thus eligible for food stamps, roughly 34 percent did not receive assistance.

### *School Lunch Program*

The school lunch program offers free or reduced-price meals to children from low-income families. Children from households at or below 130 percent of the poverty line receive free meals and those between 130 and 185 percent of the poverty line are eligible for a reduced-price lunch. In 1998, it was estimated that 624,886 Illinois school children received either free or reduced-price lunches from the National School Lunch Program (NSLP).[17] When we take into account that even the lunches of those not eligible for the NSLP receive a small federal subsidy, we find that a total of 1,020,790, or 32 percent of Illinois children, benefited from the NSLP in 1998.[18] Public and private schools as well as nonprofit residential institutions may participate in the program. Federal reimbursements to the state were $232 million.[19] We do not have information on the demographic characteristics of school lunch program participants.

### *Housing Assistance*

Housing assistance for low-income families consists of a number of programs that subsidize rent expenses. No programs are available nationally. The provision of housing assistance depends on the willingness of local governments to participate in them, and waiting lists can be long. We focus here on the provision of public housing and Section 8 rent vouchers. Public housing comprises rent-subsidized units in project-based housing. While financed by the federal government, public housing is built and operated by local housing authorities. Section 8 vouchers, paid for by the federal government, are rent vouchers that families can use toward rent in privately owned rental accommodation that has been certified as Section 8 eligible.

**Table 10–5. Selected Characteristics of Illinois Children in Families Receiving Section 8 Rent Subsidies, 1985, 1990, and 1995**

| | 1985 | 1990 | 1995 |
|---|---|---|---|
| **Number of children receiving rent subsidies** | 43,889 | 77,052 | 88,381 |
| **Race/Ethnicity (%)** | | | |
| White children | 41.9 | 17.7 | 21.9 |
| African American children | 52.1 | 74.2 | 71.7 |
| Hispanic children | 6.0 | 8.1 | 6.4 |
| **Number of Parents (%)** | | | |
| Two-parent families | 24.1 | 7.9 | 14.4 |
| Single-parent families | 69.6 | 88.5 | 78.2 |
| **Rate at Which Different Groups Receive Subsidies:** | | | |
| **Race/Ethnicity (per 100 children)** | | | |
| All children | 1.4 | 2.6 | 2.8 |
| White children | 0.8 | 0.7 | 0.9 |
| African American children | 3.8 | 9.3 | 9.2 |
| Hispanic children | 1.0 | 2.0 | 1.5 |
| **Number of Parents (per 100 children)** | | | |
| Two-parent families | 0.5 | 0.3 | 0.6 |
| Single-mother families | 4.1 | 8.6 | 7.1 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

According to Current Population Survey estimates, the number of Illinois children whose families receive Section 8 rent subsidies and the number of children living in public housing have been growing. Table 10–5 shows that by 1995, just over 88,000 children—up 44,000 children since 1985—lived in families receiving help with their rent. We note that those who receive subsidies are increasingly made up of African Americans. In 1985, they made up 52.1 percent of the rent subsidy population, but by 1995 they made up over 70 percent. By contrast, white children made up a declining proportion of the rent subsidy population over time. Those receiving rent subsidies are predominantly living in single-parent families.

We also present the rate at which different groups receive subsidies. We note that African Americans were most likely to receive rent subsidies and have experienced the highest increases between 1985 and 1995. Among African American children in 1985, 3.8 percent lived in families receiving rent subsidies. By 1995, that had increased almost threefold to 9.2 percent. Among white and Hispanic children, by contrast, only 0.9 percent and 1.5 percent, respectively, lived in families receiving rent subsidies in 1995. Children living with single mothers also experienced large increases in participation. In 1985, 4.1 percent of children residing with a single mother received Section 8 vouchers. By 1995, this had risen to 7.1 percent.

Public housing serves roughly twice as many children as do rental vouchers. Again, using CPS, we estimate that nearly 5 percent (165,000) of the total child population in Illinois lived in public housing in 1995 (see Table 10–6). Like rent subsidy recipients, public housing recipients are more likely to be African American and living in single-parent families. Unlike rent subsidies, however, the share of public housing used by African Americans has declined over time, while the proportion of public housing recipients who are white and Hispanic has risen over time. In 1985, African American children made up 76 percent of public housing child recipients. By 1995, this share had declined to 63.1 percent.

## Employment-Related Programs and Tax Policies

Beyond the direct provision of cash and "in-kind" programs, there is a further set of economic supports in Illinois that are primarily concerned with improving the employment status and the earnings of the less advantaged. We refer to these programs as employment-related programs and tax policies. We focus, in particular, on state-subsidized job

**Table 10–6. Selected Characteristics of Illinois Children in Families Living in Public Housing, 1985, 1990, and 1995**

| | 1985 | 1990 | 1995 |
|---|---|---|---|
| **Number of children living in public housing** | 136,520 | 160,780 | 164,490 |
| **Race/Ethnicity (%)** | | | |
| White children | 21.8 | 19.0 | 30.3 |
| African American children | 76.0 | 73.0 | 63.1 |
| Hispanic children | 1.6 | 6.7 | 6.2 |
| Asian/Pacific Islander children | - | 0.9 | 0.1 |
| **Number of Parents (%)** | | | |
| Two-parent families | 21.5 | 12.9 | 15.9 |
| Single-parent families | 72.8 | 84.3 | 83.3 |
| **Rate at Which Different Groups Live in Public Housing:** | | | |
| **Race/Ethnicity (per 100 children)** | | | |
| All children | 4.3 | 5.3 | 5.2 |
| White children | 1.3 | 1.5 | 2.4 |
| African American children | 17.2 | 19.2 | 15.1 |
| Hispanic children | 0.9 | 3.4 | 2.8 |
| Asian/Pacific Islander children | - | 1.6 | 0.3 |
| **Number of Parents (per 100 children)** | | | |
| Two-parent families | 1.3 | 1.0 | 1.2 |
| Single-mother families | 13.0 | 17.3 | 15.8 |

*Source:* Current Population Surveys, March 1962–1998 [machine-readable data files] conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington: Bureau of the Census [producer and distributor], 1962–1998. Santa Monica, CA: Unicon Research Corporation [producer and distributor of CPS Utilities], 1999. Chapin Hall staff analysis.

*Note:* Data were not available for Asian/Pacific Islander children in 1985.

training and child care—programs provided or subsidized by government to help individuals make the transition from welfare to work, and the Earned Income Tax Credit, that provides subsidies to low-wage workers through the federal tax system. We note the importance of the Job Training Partnership Act, the main program, effective since 1983, to provide job placement and training to low-income adults. However, given the importance under welfare reform of moving people from welfare to work, we concentrate on federal and state collaborations to support those transitioning from welfare to work. Although we estimate the number of children affected by the EITC and receiving child care, we present figures on the numbers of adults served in state subsidized job training.

### *Employment and Training*

Since the 1960s, the federal government has encouraged states to experiment with work requirements for at least some of their AFDC recipients. In 1988, the Family Support Act required all states to run mandatory work placement programs for AFDC recipients who were classified as work eligible. These were known as the Job Opportunities and Basic Skills (JOBS) programs. Illinois was one of a few states to exceed the federal JOBS participation requirement for both basic and unemployed two-parent cases. In 1997, for example, Illinois served 37.6 percent of single-parent family cases (the federal expectation was 25 percent) and 76.4 percent of two-parent families (the federal expectation was 60 percent).[20]

In 1997 with welfare reform, the JOBS programs were replaced by TANF employment and training programs. Employment and training activities have now been integrated into the responsibilities of all TANF field staff, and, in contrast to Project Chance (a JOBS program described below), nearly all individuals receiving TANF (except those with children under age 1) are required to participate in work or training activities. Work preparation activities include assistance with job searches, job skills acquisition, GED completion, and work experience.

Table 10–7 shows the numbers of clients served in each of the JOBS programs prior to welfare reform between fiscal years 1995 and 1997. We distinguish between a series of welfare-to-work programs that made up the JOBS program in Illinois at that time. These programs included Project Chance, Opportunities, and the Teen Parent Initiative (TPI)/Young Parent Services (YPS).[21] Whereas Project Chance focused on job search and preparation, the latter two emphasized education and training. Project Chance served the largest number of clients statewide, including unemployed two-parent households, and was primarily structured to help individuals find employment through job searches, referrals for job interviews, and job readiness training.

**Table 10–7. Race and Ethnicity of Participants in Illinois Employment Programs for AFDC-JOBS, Project Chance, Opportunities, and Teen Parent Initiative, FY 1995–FY 1997**

| | AFDC-JOBS | | Project Chance | | Opportunities | | Teen Parent Initiative[a] | |
|---|---|---|---|---|---|---|---|---|
| | Participants | % Placed in Jobs | Participants | % Placed in Jobs | Participants | % Placed in Jobs | Participants | % Placed in Jobs |
| **FY 1995** | | | | | | | | |
| White | 33,340 | 40.8 | 28,821 | 42.8 | 3,900 | 30.4 | 619 | 13.4 |
| African American | 33,510 | 23.9 | 24,944 | 27.2 | 4,829 | 20.2 | 3,737 | 7.3 |
| Latino | 5,715 | 20.0 | 5,023 | 21.0 | 201 | 19.9 | 491 | 9.8 |
| Other[b] | 939 | 17.1 | 887 | 17.7 | 30 | 13.3 | 22 | 0.0 |
| Total | 73,504 | 31.2 | 59,675 | 34.0 | 8,960 | 24.6 | 4,869 | 8.3 |
| **FY 1996** | | | | | | | | |
| White | 39,240 | 45.8 | 33,169 | 46.7 | 3,860 | 52.9 | 2,211 | 20.2 |
| African American | 38,358 | 33.3 | 28,785 | 36.0 | 4,246 | 43.2 | 5,327 | 11.0 |
| Latino | 6,923 | 22.8 | 5,925 | 23.6 | 238 | 42.4 | 760 | 10.1 |
| Other[b] | 1,230 | 19.8 | 1,155 | 19.0 | 42 | 38.1 | 33 | 21.2 |
| Total | 85,751 | 38.0 | 69,034 | 39.8 | 8,386 | 47.6 | 8,331 | 13.4 |
| **FY 1997** | | | | | | | | |
| White | 41,735 | 50.5 | 36,526 | 52.0 | 3,111 | 48.6 | 2,098 | 27.0 |
| African American | 46,111 | 37.3 | 36,011 | 40.7 | 4,552 | 38.0 | 5,548 | 14.6 |
| Latino | 7,336 | 30.8 | 6,306 | 32.4 | 295 | 37.3 | 735 | 14.4 |
| Other[b] | 1,201 | 24.4 | 1,139 | 23.8 | 37 | 51.4 | 25 | 12.0 |
| Total | 96,383 | 42.3 | 79,982 | 44.1 | 7,995 | 42.1 | 8,406 | 17.7 |

*Source:* Illinois Welfare to Work Annual Reports, 1995–1997. (The Welfare to Work Annual Reports were produced by the Illinois Department of Public Aid in 1995 and 1996 and by the Illinois Department of Human Services in 1997.)

[a] In 1995, the Teen Parent Initiative was known as the Teen Parent Initiative/Young Parent Services (TPI/YPS). In 1996 and 1997, it was known as Teen Parent Services (TPS).

[b] Includes Asian, American Indian, Alaska Native, and other unidentified races/ethnicities.

Opportunities offered education, training, and counseling to students at fifteen community colleges through "one-stop" access to JOBS services on campus. The Teen Parent Initiative required all teen parents to finish high school or earn a GED in order to remain eligible for cash benefits.[22] Trends reflect an increased focus on moving recipients into the workforce and away from strictly training programs. Overall, participation in JOBS programs in Illinois increased by 31 percent over the 1995–1997 period, and enrollment in Project Chance rose 34 percent in the same period. In contrast, the Opportunities program, which focused on education, dropped 11 percent. The success of these programs in finding enrollees jobs also improved over time. Of the roughly 96,000 participants in JOBS in 1997, 42 percent were placed in employment compared with 31 percent in 1995.

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By fiscal year 1998, Illinois served approximately 38,000 clients monthly in TANF Employment and Training, and total expenditures were $98.5 million.[23] Teenage parents continue to receive support through the Teen Parent Services (TPS) program. A component of the TANF Employment and Training programs, TPS helps young parents under age 21 who receive TANF to stay in school and obtain a high school diploma or its equivalent. Participation is mandatory, and services include intensive case management, comprehensive family assessment, individualized counseling, referral to social service agencies, and reimbursement for transportation to attend school or TPS activities.

The year 1998 saw unprecedented commitment to contractual programs for TANF recipients. The Department of Human Services entered into contracts with providers or community partners to provide employment and training services, support services, case management, and job placement and retention services. During FY 1998, for example, the department contracted for more than 17,000 unsubsidized employment placements, and total expenditures on contractual services were $65 million.[24]

### Child Care

Like employment and training programs, the provision of state-subsidized child care has changed significantly under welfare reform. In Illinois and elsewhere prior to welfare reform, families could receive child care subsidies through a variety of programs, including JOBS child care programs, Direct Pay child care, and Transitional child care. JOBS provided child care with no copayment from families to those participating in the JOBS training programs. Direct Pay child care subsidized fully the child care costs of AFDC parents who were working. The Transitional child care program subsidized (with a copayment from parents) for up to 1 year child care for working parents who left AFDC due to increased earnings. To be eligible for all of these programs, families were required to earn under 75 percent of the 1990 state median income (approximately 60 percent of the 1997 median income).[25]

The figures presented in Table 10–8 show the growth in the monthly average number of children served in the different child care programs from fiscal year 1994 through fiscal year 1996. Although almost all saw increases, both the Direct Pay program and the Transitional child care program saw nearly a fourfold increase from 1994 to 1996. Such increases reflect the added emphasis in Illinois of moving families into the workforce.

Welfare reform focused added attention on child care subsidies, and the provision of child care is increasingly seen as central to successful transitions from welfare to work. Many of the former federal programs were combined, and states now have broad discretion over which services to offer. Illinois now serves all working families with incomes below 50 percent of the state median income (by family size) after deducting 10 percent of gross income. Illinois is one of a handful of states that does not differentiate between working families based on TANF status. Currently, the state's child care program serves eligible families without time limits. It also serves teen parents who are pursuing a high school degree or its equivalent and TANF families that require child care in order to participate in education and training. The new payment system requires participating families to share in the cost of care, and the copayments are adjusted for income, family size, and the number of children in care. In FY 1999, Illinois committed $391 million to serve an average of 150,000 children each month.[26]

**Table 10–8. Number of Illinois Children Receiving Subsidized Child Care Services,[a] FY 1994–FY 1996 (monthly average)**

| Program | FY 1994 | FY 1995 | FY1996 |
|---|---|---|---|
| JOBS[b] | 20,833 | 26,965 | 28,545 |
| Direct Pay | 8,370 | 18,637 | 31,513 |
| Transitional Child Care | 2,844 | 5,208 | 10,635 |
| Other[c] | 4,868 | 5,750 | 3,927 |
| Total | 36,915 | 56,560 | 74,620 |

*Source:* Illinois Department of Public Aid (IDPA) *Child Care Programs Report to the General Assembly*, FY 1994–FY 1996.

[a] Public Aid record-keeping is based on the number of cases and payments made. The number of children served that are presented here reflect IDPA estimates of the number of children receiving care.

[b] Job Opportunities and Basic Skills program. The 1994–1996 figures are average monthly active JOBS cases. The number of children served is not available.

[c] Includes the Title IV-A At-Risk program and the Donated Funds Initiative. The At-Risk program served low-income working families who were at risk of returning to cash assistance because of lack of child care. The program targeted families leaving transitional child care. The Donated Funds Initiative purchases social services through the Title XX Social Services Block Grant, and is intended to encourage cooperation between child care providers and state government.

### *Earned Income Tax Credit*

The Earned Income Tax Credit (EITC) is an increasingly large and important part of the U.S. antipoverty strategy and provides a substantial income supplement for low-wage earners. Introduced in 1975 to offset the Social Security and Medicare taxes paid by low-income families with children, the EITC is received as a refundable tax credit from the Internal Revenue Service. If the credit is greater than income taxes owed to the federal government, the family receives a refund for the difference; some families can receive the credit throughout the year in their paychecks.[27]

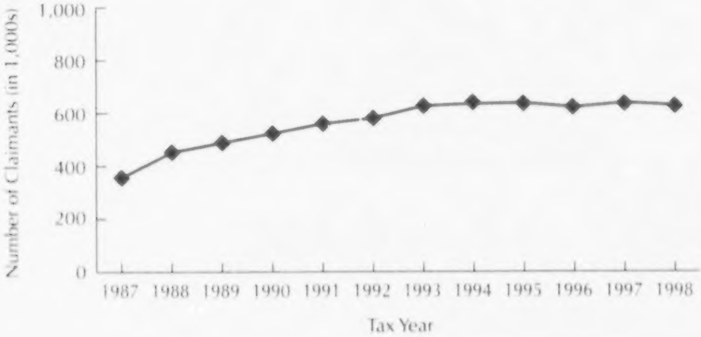
To be eligible in 1999, families with two or more children must have had an earned income of less than $30,580.[28] Although uncollected taxes are not as visible as money spent on public assistance programs, given that they do not appear as an expenditure in the federal budget, it is important to point out that in tax year 1997, the value of these credits was over $29 billion for the nation, making it comparable to the food stamp program in expenditures.[29]

Depending on family size and the amount of earned income, the credit could be as much as $3,816 a year for eligible low-income families in 1999.[30] EITC benefits increase with the amount of earned income up to a certain threshold—$12,460 for a family of two or more children—and then gradually decline, phasing out altogether at $30,580. The average value of the EITC per family in Illinois has increased progressively over the years, from approximately $438 in 1987, the year it was indexed to inflation, to over $1,600 in 1996, the most recent year for which data are available.[31] Coupled with a minimum wage for full-time, year-round work, the EITC is expected to raise a family of three to the poverty line. Given the long-term economic changes that have led to declining wages among less skilled workers, the EITC provides some income protection to working poor families.

Figure 10–11 estimates the number of EITC claimants with children between 1987 and 1998. Prior to 1994, the EITC was only available to families with children. In 1994, individuals ages 25 to 64 with no children became eligible for a small EITC. The Center on Budget and Policy Priorities estimated that in 1996, 82.1 percent of all EITC claimants were families with children, and this figure rose to 82.7 percent in 1998.[32] We apply the 1996 estimate to the 1994–1996 total claimants and the 1998 estimate to the 1997–1998 claimants to estimate the number of claimants with children receiving the EITC between 1994 and 1998. Figure 10–11 shows a steady rise over time in the number of claimants with children.

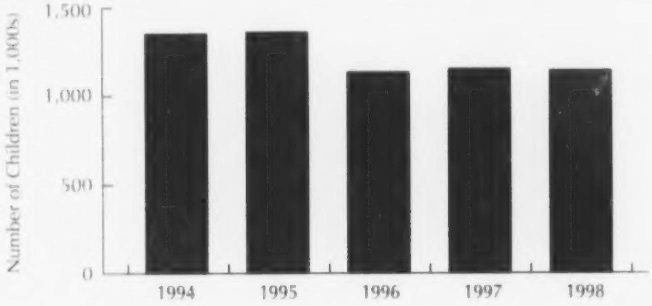
Figure 10–12 shows a crude estimate of the number of children benefiting from the EITC between 1994 and 1998. The EITC is available to all families with children under age 19 and to those with children up to age 24 when those children are full-time students. The Center on Budget and Policy Priorities, using the

**Figure 10–11. Estimated Number of EITC Claimants with Children, 1987–1998**



*Sources:* Internal Revenue Service *Quarterly Statistics on Income Bulletin* and Internal Revenue Service *Supplemental Earned Income Reports.* Numbers estimated by Chapin Hall staff using summary data extracted for Chapin Hall by the Center on Budget and Policy Priorities and assumptions recommended by the Center on Budget and Priorities.

**Figure 10–12. Estimated Number of Illinois Children Living in Families Receiving the Earned Income Tax Credit, 1994–1998**



*Sources:* Internal Revenue Service *Quarterly Statistics on Income Bulletin* and Internal Revenue Service *Supplemental Earned Income Reports.* Numbers estimated by Chapin Hall staff using summary data extracted for Chapin Hall by the Center on Budget and Policy Priorities and assumptions recommended by the Center on Budget and Priorities.

*Quarterly Statistics on Income Bulletin*, estimates that in 1998, just under 40 percent of EITC claimants had one child, and 43.3 percent had two or more children. In order to calculate the total number of children receiving EITC, the Center on Budget and Policy recommends multiplying the category of EITC families with two or more children by a factor of 2.6.[33] We apply this formula to the years 1996 through 1998. It is only recently, however, that the number of families with two or more children exceeded the number of families with just one child. To estimate the number of children receiving EITC in 1994 and 1995, we simply assume that 50 percent of families with children have two or more children. Figure 10–12 illustrates that over 1.1 million children benefited from the EITC in Illinois in 1996.

A new state earned income tax credit, created by the Illinois fiscal 2001 budget agreement approved by the General Assembly on April 15, 2000, will give low- and moderate-income working taxpayers a credit on their state income taxes equal to 5 percent of the federal earned income tax credit they receive. Families with earned income between $10,000 and $20,000 will thus receive $50 to $150 in state tax relief, depending on the size of their family.

Unlike the federal earned income tax credit, the state earned income tax credit will not be refundable. The credit may be used only to reduce the amount of taxes a family owes. Extremely low-income persons who have meager earnings and owe no state income tax will therefore not receive a payment from the state in the amount of the tax credit.

Though nonrefundable, the state earned income tax credit will be a substantial benefit in light of the very low income threshold at which Illinois begins taxing families (e.g., $6,600 for a family of four, or 39 percent of the Federal Poverty Level).[34]

## NOTES

1 The source for all figures in this paragraph is the Illinois State Board of Education. (1998). School finance at a glance. Springfield: Illinois State Board of Education. [On-line]. Available: www.isbe.state.il.us/outreach/outreach.htm.

2 National Center for Policy Analysis. "Tax Reform's 'Third Rail': Mortgage Interest." [On-line]. Available: http://www.ncpa.org/bg/bg139.html.

3 The Current Population Survey (CPS) is a monthly survey conducted by the U.S. Census Bureau. Tables, charts, and graphs in this chapter that indicate the CPS as their source are based on the March Demographic Supplement data. Data were aggregated in 5-year increments to produce a sample size large enough for reliable estimates. Data for 1983–87 are represented as 1985; data for 1988–92 are represented as 1990; and data for 1993–97 are represented as 1995. The individual record files were converted to child-level files, with all parental information assigned to the child.

4 The cash entitlement program was expanded in the 1960s to support, at each state's option, two-parent families whose principal breadwinner was unemployed. The unemployed-parent program was made mandatory in 1988 under the Family Support Act.

5 Illinois Department of Human Services. "TANF Fact Sheet." [On-line]. Available: www.state.il.us/agency/dhs/TANF.htm.

6 Some of the decline in Medicaid and food stamp receipt may be due to confusion on the part of clients regarding their continued eligibility for these noncash payments.

7 Department of Health and Human Services, Office of Child Support Enforcement. (1999). *Twenty-second annual report, Appendix B: Regional and state box scores* (p. 180). Washington, DC. [On-line]. Available: ftp://ftp.acf.dhhs.gov/pub/cse/stsys/22anrpt.pdf.

8 Illinois Department of Human Services. *Programs: Child support enforcement.* [On-line]. Available: www.state.il.us/dpa/csesubc.htm#Programs.

9 The Supreme Court ruled that the criteria used by the SSA unfairly exempted certain children from receiving SSI. The court also determined that the list of children's disabilities was not exhaustive and included only the more common impairments. National Commission on Childhood Disability. (1995). *Supplemental Security Income for children with disabilities: Report to Congress of the National Commission on Childhood Disability.* Washington, DC: U.S. Government Printing Office. Later, in 1996, welfare reform curtailed the definition of disability, limiting it to "marked and severe functional limitations": "On August 22, 1996, the Personal Responsibility and Work Opportunity reconciliation Act of 1996 changed the definition of disability for children under the Supplemental Security Income (SSI) program. The new definition of disability for children: (1) requires a child to have a physical or mental condition or conditions that can be medically proven and which result in (2) marked and severe functional limitations; (3) requires that the medically proven physical or mental condition or conditions must last or be expected to last at least 12 months or be expected to result in death; and (4) says that a child may not be considered disabled if he or she is working at a job that we consider to be substantial work. The new law also changes the way we [SSA] consider certain behavior problems caused by a child's condition or conditions." (Social Security Administration SSA Publication No. 05-11053, September 1996).

10 U.S. House of Representatives, Committee on Ways and Means (1996). *Green book.* Washington DC: U.S. Government Printing Office.

11 For more information on Kidcare, call 1-866-4OURKIDS.

12 No information is available in the Department of Human Services Client Database on the socioeconomic and demographic characteristics of foster care children's families.

13 Rucinski, D., Warnecke, R., & Graf, I. *Final report: Population survey for the Illinois Department of Public Aid.* (1999). Health Research and Policy Centers: University of Illinois-Chicago.

14 For details, see Illinois Department of Public Aid's Kidcare Website, http://www.kidcareillinois.com.

15 U.S. House of Representatives, Committee on Ways and Means. (1998). *Green book.* Washington, DC: U.S. Government Printing Office.

16 Socioeconomic and demographic characteristics are not collected for children who receive only food stamps.

17 U.S. Department of Agriculture, Food and Nutrition Service, Child Nutrition Division. Unpublished preliminary data.

18 We use Census Bureau estimates of the number of children in Illinois in 1998.

19 Illinois State Board of Education. "School lunch program fact sheet." [On-line]. Available: www.isbe.state.il.us/outreach/NSL%20STATs.htm. We note that the state also covers some of the cost of the program not covered by federal reimbursement.

20 Illinois Department of Human Services. (1997). *Welfare to work annual report* (p. 14). Springfield, IL: Illinois Department of Human Services.

21 In 1995, the Teen Parent Initiative was known as the Teen Parent Initiative/Young Parent Services (TPI/YPS). In 1996 and 1997, it was known as Teen Parent Services (TPS).

22 Illinois Department of Public Aid. (1996). The "JOBS program fact sheet." Note: program information is also available through the Department of Public Aid home page at www.state.il.us/dpa.

23 Illinois Department of Human Services. *FY 1998 employment and training annual report: TANF employment and training*. Springfield, IL: Illinois Department of Human Services.

24 Illinois Department of Human Services. *FY 1998 employment and training annual report: TANF employment and training*. Springfield, IL: Illinois Department of Human Services.

25 Illinois Department of Human Services. (1997). *1997 Report on Illinois child care* (p. 8). Springfield, IL: Illinois Department of Human Services.

26 See Illinois Department of Human Services Child Care Website, http://www.state.il.us/agency/dhs/childcnp.html.

27 U.S. House of Representatives. Committee on Ways and Means. (1998). *Green book*. Washington, DC: U.S. Government Printing Office.

28 Internal Revenue Service. (1998). *Internal revenue bulletin, 52*. Washington, DC: U.S. Government Printing Office.

29 Internal Revenue Service. (1998). *Statistics of income bulletin* (p. 150). Washington, DC: U.S. Government Printing Office.

30 Internal Revenue Service. (1998). *Internal revenue bulletin, 52*. Washington, D.C: U.S. Government Printing Office.

31 Chapin Hall staff analysis of 1) Internal Revenue Service. *Statistics of income, historical Illinois tax tables, 1985–1996*. Washington, DC: U.S. Government Printing Office; and 2) Lazre, E. (1998). Center on Budget and Policy Priorities. "State earned income tax credits build on the strengths of the federal EITC." [On-line]. Available: www.cbpp.org/219steic.htm.

32 Internal Revenue Service Supplemental Earned Income Reports and the Center on Budget and Policy Priorities.

33 Nationally, the average family with more than one child has 2.5 children. We adjust this upward slightly to 2.6 because families receiving EITC tend to be poorer and on average have a higher birthrate.

34 Information on the new state earned income tax credit comes from the Website of the National Center on Poverty Law at http://www.povertylaw.org/iwn/may00/may00_4.htm.

# DATA SOURCES

## "Annual Time Series of State Population Estimates by Age, Sex, Race, and Hispanic Origin, 1990-1998"

U.S. Department of Commerce, Bureau of the Census

The Annual Time Series of State Population Estimates contains estimates of the resident population of the fifty states and the District of Columbia by single year of age, sex, race, and Hispanic origin for July 1, 1990 through July 1, 1998.

The state estimates included in this release are developed using a cohort-component method whereby each component of population change—births, deaths, domestic migration, and international migration—is estimated separately for each birth cohort by sex, race, and Hispanic origin.

The Census Bureau publishes the Annual Time Series of State Population Estimates online at: <http://www.census.gov/population/www/estimates/st_sasrh.html>.

From: <http://www.census.gov/population/estimates/state/sasrh_doc.txt>

## "Births to Unmarried Women 1950–1998"

Illinois Department of Public Health

The Illinois Department of Public Health publishes much of its vital records data, including births to unmarried women, in summary tables on their Website at <http://www.idph.state.il.us/health/bdmd/unmarried.htm>. The data in these tables come from the Department's Vital Records System that records all births and deaths in the state.

From: <http://www.idph.state.il.us/health/bdmd/unmarried.htm>

### Centers for Disease Control and Prevention, Surveillance Summaries, Morbidity and Mortality Weekly Reports, "Youth Risk Behavior Surveillance" [Vol. 44 (No. SS-1), Vol. 47 (No. SS-3), Vol. 45 (No. SS-4), Vol. 49 (No. SS-5)]

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Adolescent and School Health

The Centers for Disease Control and Prevention's "Youth Risk Behavior Surveillance" in *Morbidity and Mortality Weekly Reports* summarizes the results of the National Youth Risk Behavior Survey, and state, territorial, and local surveys of high school students. The 1999 "Youth Risk Behavior Surveillance" summarizes the results of the national sample as well as students from thirty-three states, four territories, and sixteen large cities. The 1999 surveillance does not contain data on students from all states and cities surveyed. See the entry on the "Youth Risk Behavior Survey" for more information.

From: <http://www.cdc.gov/mmwr/sursumpv.html> and <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4905a1.htm>

### Census of Population and Housing, 1990: Summary Tape File 3A [State Files]

United States Department of Commerce, Bureau of the Census

Based on the decennial census, the Summary Tape File 3A (STF3A) contains sample data weighted to represent the total population of the United States. The file also contains 100-percent counts and unweighted sample counts for total persons and total housing units.

The STF3A contains basic demographic information such as age, sex, race, marital status, and occupation, as well as a host of other family/personal characteristics (e.g., family type, place of birth, urban/rural population, disability status, and veteran/military status).

The data contain a number of housing variables such as: number of rooms in unit, number of bedrooms, telephone availability, tenure, number of units in structure, mortgage status, plumbing facilities, rent, and year structure was built.

The data allow one to identify geographic areas down to the block group (or part) level.

From: <http://www.census.gov/mp/www/rom/msrom6ae.html>

### Census of Population, Characteristics of Population, General Social and Economic Characteristics, Illinois

United States Government Printing Office

The Census of Population is a printed volume of tabulations on the demographics of the U.S. population that the Government Printing Office produces after each Decennial Census.

### Chapin Hall Integrated Database on Child and Family Services in Illinois

Chapin Hall Center for Children

The Integrated Database on Child and Family Services in Illinois is an individual-level, longitudinal database (or data warehouse) containing records of the participation of Illinois residents in human services, health, education, welfare and other social programs. It is built from the data collected by state and local agencies in their management information systems. These agencies include the Illinois Departments of Human Services, Children and Family Services, Public Aid, Corrections, and Employment Security. The records from each individual served in one of these agencies are linked across agency and within agency by program using probabilistic record linkage methods. Individuals are typically linked to the head of the household, meaning that children are normally linked to their parents. The database is longitudinal in that it tracks individuals across time so that their "career" in the public systems can be followed. While some of the program data in the Integrated Database begin in the late 1970s, most do not start until the early 1990s. Programs in the database include, but are not limited to: foster care, child abuse and neglect reporting and investigation, AFDC/TANF, Medicaid, special education, food stamps, child care, juvenile corrections, employment programs, Juvenile Court, mental health and developmental disabilities, SSI, and WIC.

### Chicago Child Population by Age

Chapin Hall Center for Children

The Chicago Child Population by Age contains age-specific estimates of the Chicago child population by community area. Chapin Hall produced these estimates using a combination of several methods. First, it produced an initial set of estimates for the aggregate child population in each community through the censal-ratio method, using 1990 census data and Chicago Public Schools enrollment data. Second, using the cohort component method, it calculated age-specific estimates for each community area based on birth and death data from vital records and estimates of child migration produced from school enrollment data. The resulting age-specific estimates were adjusted to sum to the totals calculated in the initial estimates.

### Child Care Programs Report to the General Assembly

Illinois Department of Human Services

Each year the Illinois Department of Human Services (formerly the Department of Public Aid) is required to submit an expenditure report to the General Assembly for each of its programs. This report describes the Department's child care programs and details the expenditures made on each program type. It details payment and reimbursement methods, payment rates, mandates, the Department's legal requirements, and the number of children served.

### Childhood Lead Poisoning Surveillance Report

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) compiles the *Childhood Lead Poisoning Surveillance Report* from lead test results reported by physicians and other health care providers. For each year and county, the report identifies the base population of children aged 6 and under, the number of children tested, and the number of children for whom lead was detected (by mcg/dL range).

Since reporting began in 1993, almost 700,000 lead tests have been conducted. Physicians have reported 50,000 children with elevated lead levels. IDPH uses the numbers of elevated and normal test results to identify areas where effort is needed to combat lead poisoning.

IDPH publishes selected tables from the report online at <http://www.idph.state.il.us/health/clpsr/clps9394.htm> and at <http://www.idph.state.il.us/health/clpsr/clps9596.htm>. Hard copies of the full report are available from the Department.

From: <http://www idph.state.il.us/health/statshome.htm>

### *Childhood Lead Poisoning Surveillance Report,* Highlights

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) compiles the *Childhood Lead Poisoning Surveillance Report, Highlights* from lead test results reported by physicians and other health care providers. For each year and county, the report identifies the base population of children aged 6 and under, the number of children tested, and the number of children for whom lead was detected (by mcg/dL range). The "Highlights" report differs from the Childhood Lead Poisoning Surveillance Report in that it includes a short description of key statistical findings.

Since reporting began in 1993, almost 700,000 lead tests have been conducted. Physicians have reported 50,000 children with elevated lead levels. IDPH uses the numbers of elevated and normal test results to identify areas where effort is needed to combat lead poisoning.

IDPH publishes selected tables from the report online at <http://www.idph.state.il.us/health/clpsr/clps9394.htm> and at <http://www.idph.state.il.us/health/clpsr/clps9596.htm>. Hard copies of the full report are available from the Department.

From: <http://www.idph.state.il.us/health/statshome.htm>

## Chronic Disease and Health Promotion Reprints from the *Morbidity and Mortality Weekly Reports,* "1990-1991 Youth Risk Behavior Surveillance System"

Centers for Disease Control and Prevention, National Center for Health Statistics

The Youth Risk Behavior Surveillance System (YRBSS) "Chronic Disease and Health Promotion Reprint" is a compilation of research from 1990–1991. This particular reprint contains articles on tobacco, alcohol, and other drug use among youth; attempted suicide; weapon carrying; safety-belt and helmet use; dietary patterns; and behaviors that increase the risk for HIV, other STDs, and unintended pregnancy.

The YRBSS provides comparable national, state, and local data across six categories of health behaviors. For more information on the YRBSS, see the entry on the "Youth Risk Behavior Survey."

## Client Database

Illinois Department of Human Services

The Illinois Department of Human Services Client Database (CDB) tracks public assistance receipt in Illinois. It records information on individuals and cases receiving assistance from a number of programs including: Temporary Assistance to Needy Families; Food Stamps; Aid to the Aged, Blind and Disabled; Medicaid; and Refugee, Emergency, and General Assistance.

In their native hierarchical format, the CDB data are of limited use for research. Chapin Hall created a database to house the data in a more research-friendly, relational format and devised a way to use the data longitudinally. Chapin Hall's database permits researchers to follow an individual or case from February of 1989 onward instead of restricting researchers to the prior 24 months recorded in the CDB. The database also preserves changes lost on the CDB from month to month when socioeconomic and demographic information are overwritten. The Chapin Hall database currently contains records dating from February 1989 through September 2000. The database is updated on a monthly basis.

### Criminal Incident Data
Chicago Police Department

The Chicago Police Department Criminal Incident Data detail crimes reported in the city of Chicago and the perpetrators and victims associated with the crimes. The data extract that Chapin Hall received for the State of the Child project came in two files: an incident file containing one record for each criminal incident and a person file containing one record for each victim and/or perpetrator associated with an incident. The data cover the period from 1990–1997.

The incident file contains the crime type, location, time, arrest status, and incident and person IDs. The person file contains the age, sex, and race of the individual as well as an indicator of whether or not he/she is the perpetrator or victim. The file does not contain names or other identifiers. For perpetrators, the data indicate the relationship to the victim.

### *Current Population Reports*, "Marital Status and Living Arrangements: March 1998 (Update)" (P20-514)
United States Department of Commerce, Bureau of the Census

*The Current Population Report*, "Marital Status and Living Arrangements: March 1998 (Update)" contains detailed tabulations that provide statistics on the marital status and living arrangements of people in the United States based on the March 1998 Current Population Survey. The tabulations consist of nine tables from the March 1998 CPS, twelve historical tables, three summary tables, and one state table.

The electronic version of these tables is available online at: <http://www.census.gov/population/www/socdemo/ms-la.html>.

From: <http://www.census.gov/prod/99pubs/p20-514.pdf>

### Current Population Survey
United States Bureau of the Census for the Bureau of Labor Statistics

The Current Population Survey (CPS) is a household sample survey of the civilian noninstitutional population of the United States. Its principal purpose is to generate statistics on unemployment and the labor force, although it is also used to study supplemental subjects other than employment. The survey is conducted monthly by the U.S. Bureau of the Census for the Bureau of Labor Statistics. It has been in existence for over 50 years. Each year the March supplement contains the CPS Annual Demographic Survey.

The March supplement supplies standard monthly labor force data as well as additional data on work experience, income, noncash benefits, and migration. It contains information on the employment status, occupation, and industry of persons 15 years old and older. The file provides additional information on weeks worked and hours per week worked, reason not working full-time, total income and income components, and residence in March of the survey year. It also contains data covering noncash income sources such as food stamps, school lunch programs, employer-provided group health insurance plans, employer-provided pension plans, personal health insurance, Medicaid, Medicare, CHAMPUS or military health care, and energy assistance. For each person in the household enumerated, the March supplement provides information on demographic characteristics such as age, sex, race, household relationships, and Hispanic origin.

As with all sample surveys, the data are subject to sampling and response errors. Sampling variability errors are a special concern when the CPS data are used to calculate state estimates because of the small sample size at the state level. In order to address this problem, Chapin Hall pooled 5 consecutive years of data and presented the data as 5-year averages. In doing so, Chapin Hall obtained a sample size large enough to estimate the Illinois statistics in this report fairly reliably. Throughout the chapters where the CPS is used (Chapter 2, Child Living Arrangements and Family Structure; Chapter 3, Children in Poverty; and Chapter 10, Economic Supports) the time points of 1985, 1990, and 1995 represent the pooled averages of CPS data from 1983–1987, 1988–1992, and 1993–1997, respectively.

From: General information on the CPS came from:
<http://www.bls.census.gov/cps/overmain.htm>.
Information on the March supplement came from:
<http://www.icpsr.umich.edu/cgi/ab.prl?file=2825>.

### "Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025" (PE-45)

United States Department of Commerce, Bureau of the Census

Detailed state population projections are based on state-specific data on births, deaths, international migration, and domestic migration. Detailed projections contain data for each state and the District of Columbia for every year from 1995–2025 and each race/Hispanic origin group, by sex, and single year of age.

These projections can be downloaded from the Census Bureau's Website at:
<http://www.census.gov/population/www/projections/stproj.html>.

From: <http://www.census.gov/population/projections/state/stpj_layout.txt>

## "Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989"

United States Department of Commerce, Bureau of the Census

These state population estimates compute the population of the fifty states and the District of Columbia by 5-year age groups, sex, modified race, and Hispanic origin for each year, July 1, 1981 through July 1, 1989. These data are consistent with the following recently released estimates: 1) revised estimates of the population of counties by age, sex, and race; 2) intercensal estimates of the population of states by age and sex; and 3) intercensal estimates of the population of the United States by age, sex, and race.

The estimates included in this release are developed by interpolating the proportions of the population in specified racial/ethnic categories developed from special census files for April 1, 1980 and 1990. The interpolated proportions are applied to the appropriate annual state totals of revised estimates of the population of counties by age, sex, and race. As a final step, the interpolated estimates are adjusted to be consistent with national intercensal estimates by specified race and ethnicity and the state intercensal estimates by age and sex.

The Bureau publishes the data in tabular format on their Website at:
<http://www.census.gov/population/www/estimates/statepop.html>.

From: <http://www.census.gov/population/estimates/state/stintasr_doc.txt>

## *Illinois AIDS/HIV Surveillance Report*, August 1998

Illinois Department of Public Health

Illinois law mandates that doctors report all confirmed cases of AIDS and HIV meeting the Centers for Disease Control and Prevention criteria to the Illinois Department of Public Health (IDPH). The Department compiles these reports in the *Illinois AIDS/HIV Surveillance Report.*

The state has required that AIDS cases be reported since January 1, 1981. These reports are made by private providers such as doctors, medical laboratories, infection control nurses, and hospitals, and must include the patient's name.

From January 1, 1988 to June 30, 1999, IDPH required anonymous reporting for HIV infection. During that period there was no way to determine how many times a patient had been tested or whether or not he/she developed the AIDS virus. In July of 1999, the Department changed to a new HIV reporting system that it believes will allow it to link reports for the same individual over time. Although IDPH still does not receive names for confirmed HIV cases, the cases do contain a presumed "unique identifier" composed of the first and third letters of the last name, the number of characters in the last name, and the eight-digit birth date. The new system will remain under evaluation until July 1, 2001, at which time the IDPH will decide whether to stay with the system or to require named reporting.

Reports of AIDS and HIV infection are submitted on standardized forms that IDPH staff later enter into the Department's management information system (IDPH modified the CDC standard form so that it conforms to Illinois law). The system records the following patient attributes: birth date, risk factor/mode of transmission, test date/physician's documentation of HIV, what made the individual an AIDS case (i.e., low CD4 count or opportunistic infection), treatment services received, and referral. The following questions appear on the form for women only: 1) "Has the patient given birth since 1977?" and 2) "Has the patient received gynecological care?" The treatment services and referral questions are not routinely completed by the reporting physician nor by other medical personnel.

From: Personal communication with IDPH staff.

## Illinois Department of Children and Family Services Integrated Database

Illinois Department of Children and Family Services

The Illinois Department of Children and Family Services (DCFS) maintains several information systems that track the children and households to whom it provides services and the providers with whom it contracts. Chapin Hall receives extracts of three of these systems on an ongoing basis: the Child Abuse and Neglect Tracking System (CANTS) for child abuse and neglect investigations, the Child and Youth Centered Information System (CYCIS) for child welfare services, and the Management and Reporting System (MARS) for payment tracking. The data from all of these systems are considered longitudinal (some CANTS records are purged after 5 years).

DCFS implemented CANTS, CYCIS, and MARS as accounting systems in the mid-1970s and early 1980s. In their native hierarchical format, the data are of limited use for research. Chapin Hall created a relational database in the late 1980s to house the DCFS data in a research-friendly format, and using probabilistic linkage techniques integrated the records across systems. The integrated database made it possible to follow a child from his or her initial report of abuse and neglect in CANTS through all of his/her foster care placements (if any) in CYCIS. This operation was not possible in the original data. Chapin Hall's Integrated Database contains records dating from July 1, 1976 through September 30, 2000 and is updated on a monthly basis.

### "Illinois Teen Births by County"

Illinois Department of Public Health

The Illinois Department of Public Health (DPH) publishes much of its vital records data, including teen births, in summary tables on their Website at <http://www.idph.state.il.us/health/statshome.htm>. The data in these tables come from the DPH Vital Records System that records all births and deaths in the state.

### *Illinois Welfare to Work Annual Report*

Illinois Department of Human Services

The *Illinois Welfare to Work Annual Report* outlines the Welfare to Work Program's expenditures and the number of individuals served by the program during the calendar year. The report describes the various employment and training programs encompassed by Welfare to Work and discusses the outcomes. The 1997 report also addresses the issue of interagency coordination.

The Welfare to Work Annual Report is published annually by the Department of Human Services. Prior to 1997 reports were published by the Department of Public Aid.

### Interactive Illinois Report Card Database

Social Science Research Institute, Northern Illinois University

Illinois public schools are required to submit school report cards each year to the State Board of Education to enable comparison and evaluation of the schools. Private and special-purpose public schools (i.e., vocational, special education, university laboratory, and other state-funded schools) are exempted from participation. The Interactive Illinois Report Card Database compiles the information found in individual school report cards.

Schools must submit the following information annually:

- the percent of students who exceed, meet, or do not meet standards established by the State Board of Education
- parental involvement

- dropout rate
- student attendance rate
- student mobility
- chronic truancy rate
- average class size
- amount of time devoted to mathematics, science, English, and social sciences at the different grade levels
- pupil-teacher ratio
- pupil-administrator ratio
- average teacher salary
- average administrator salary
- operating expenditure per pupil
- district expenditure by fund
- graduation rate
- ISAT and IGAP performance levels
- ACT scores
- areas for planned improvement

Schools must also report on other teacher and school characteristics such as: teacher race/ethnicity, years of experience, education, school's low-income enrollment, limited-English-proficiency enrollment, and finance indicators.

Report cards for individual schools can be found on the Web at: <http://www.isbe.state.il.us/reportcard>.

From: <http://www.isbe.state.il.us/research/reports.htm#Report%20Card>

### "Intercensal Population Estimates by Age, Race, and Gender, City of Chicago: 1950–1990"

City of Chicago Department of Planning

The Chicago Intercensal population estimates are calculations of the city's population between Decennial Censuses. The City Department of Planning used inferential statistical techniques on the 1950–1990 Censuses and Current Population Surveys to develop these estimates.

### IPLAN Data System County-Level Report

Illinois Department of Public Health

The IPLAN Data System County-Level Report is an online, interactive report that displays county-level data (including Chicago and selected local health departments) by user-selected parameters (e.g., teen birthrates, mothers who smoked during pregnancy, and low birth weight). Data for certain indicators may not be available for all counties/years.

The data may be found online at: <http://163.191.194.35/data/iplanrpt.htm>.

From: <http://163.191.194.35/data/iplanrpt.htm>

### Juvenile Violent Index Arrests 1983–1995

Illinois Criminal Justice Information Authority

The Illinois Criminal Justice Information Authority (ICJIA) compiles the Juvenile Violent Index Arrests from a combination of administrative data and surveys of law enforcement agencies.

Prior to 1993, the data in the index came strictly from Illinois Uniform Crime Reports (I-UCR), monthly crime counts that local law enforcement agencies are required to submit to the state police. Figures in the I-UCR are based on incidents that have been verified by police as actual crimes. Incidents are categorized into eight index crimes, four of which are considered violent crime and are used in the Juvenile Violent Index Arrests: murder, criminal sexual assault, robbery, and aggravated assault.

In the early 1990s, in an effort to standardize the reporting and categorization of crime across localities, Illinois law enforcement agencies switched from their UCR system to the National Incident-Based Reporting System (NIBRS). Illinois used NIBRS for 3 years, but due to difficulties with the system the agencies abandoned it and returned to their former I-UCR system. During the NIBRS years, some information normally reported in the I-UCR was not recorded, and the ICJIA in conjunction with Abt Associates developed the Law Enforcement Survey to collect the missing information. Abt Associates surveyed a probability sample of Illinois law enforcement agencies and with the results were able to calculate state and regional crime estimates. These estimates were used to calculate the Juvenile Violent Index Arrests.

From: <http://www.icjia.state.il.us/public/index.cfm>, "Trends and Issues 1997" (ICJIA), and personal communication with ICJIA staff.

### Local Area Unemployment Statistics, Seasonally Adjusted Monthly Data for 1978–1989 and 1990–1999

Illinois Department of Economic Security

The Local Area Unemployment Statistics program develops monthly and annual estimates of the labor force, the employed, the unemployed, and the unemployment rate. The Illinois Department of Economic Security computes the unemployment rate for the state, metropolitan areas, counties, and municipalities that have a population of at least 25,000. It publishes these data (including state-level, monthly unemployment rates) on its Website at <http://lmi.ides.state.il.us/laus/ilcpshis.htm>.

From: <http://lmi.ides.state.il.us/laus/lausmenu.htm>

### *Monthly Vital Statistics Report*, "Advance Report of Final Mortality Statistics"

Centers for Disease Control and Prevention, National Center for Health Statistics

The "Advance Report of Final Mortality Statistics" is compiled from the National Vital Statistics System. Federal law mandates national collection and publication of deaths and other vital statistics data. The National Vital Statistics System, the Federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the states to provide access to statistical information from death certificates.

Standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

From: <http://www.cdc.gov/nchs/about/major/dvs/desc.htm>

### *Monthly Vital Statistics Report* Vol. 43, No. 12(S), July 14, 1995 "Marriages and Marriage Rates: United States, 1940–1993"

Centers for Disease Control and Prevention, National Center for Health Statistics

The Marriages and Marriage Rates *Monthly Vital Statistics Report* contains final marriage statistics for 1940–1990 and provisional numbers for 1991–1993 for the population of the United States. Marriage rates in this report are based on totals reported by states and counties. The National Center for Health Statistics (NCHS) counts marriages occurring within the United States only. Marriage rates for 1981–1988 are revised. Rates per thousand are enumerated as of April 1 for 1940, 1950, 1960, 1970, and 1980. All other years are estimated as of July 1.

NCHS publishes its marriage rates online at: <http://www.cdc.gov/nchs/fastats/pdf/4312s-t1.pdf>.

From: <http://www.cdc.gov/nchswww/data/mvs43_12s.pdf/>

### *Monthly Vital Statistics Report* Vol. 43, No. 9(S), March 22, 1995 "Divorces and Annulments and Rates: United States, 1940–1990"

Centers for Disease Control and Prevention, National Center for Health Statistics

Divorces and Annulments and Rates *Monthly Vital Statistics Report* enumerates absolute divorces, annulments, and dissolutions of marriage in the United States. The numbers come from counts of the number of divorce decrees reported annually by states and counties to the National Center for Heath Statistics (NCHS). State totals are left as reported regardless of whether all counties submit counts.

NCHS publishes their divorce and annulment rates online at: <http://www.cdc.gov/nchs/fastats/pdf/43-9s-t1.pdf>.

From: <http://www.cdc.gov/nchswww/data/mvs43_9s.pdf/>

### *National Vital Statistics Reports* Vol. 48, No. 13, July 28, 2000, "Births, Marriages, Divorces, and Deaths: Provisional Data for September 1999" (PHS 2000-11200)

Centers for Disease Control and Prevention, National Center for Health Statistics

The *National Vital Statistics Reports*, "Births, Marriages, Divorces, and Deaths," is a monthly report that publishes provisional vital statistics for the United States. The report includes technical notes regarding how the numbers were produced.

The data in the July 28, 2000 report are provisional and include only events occurring within the United States (fifty states and the District of Columbia). Mortality data exclude fetal deaths. Totals for births, deaths, and infant deaths are based on the state estimates by state of residence and, therefore, in effect, exclude events to nonresidents of the United States. Events to nonresidents of the United States are included in all marriage and divorce figures. The effect of excluding events to nonresidents from the U.S. totals is small. Divorce figures include reported annulments.

The populations used for computing rates are furnished by the U.S. Bureau of the Census. Monthly rates are based on populations estimated for the specific month. Year-to-date rates are averages of monthly rates that have been weighted by the number of days in the corresponding months. Rates for 12-month periods are the sum of events for the period per population estimated at the midpoint of the period. Populations have been estimated by NCHS for the 12-month divorce rates based on the forty-six reporting states and the District of Columbia. Because monthly infant mortality rates are based on relatively few events, they are highly variable, and comparisons of monthly infant mortality rates should be interpreted cautiously.

From: <http://www.cdc.gov/nchs/data/nvs48_13.pdf>

### "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998" (CO-98-12)

United States Bureau of the Census

Population Estimates for Counties are estimates of the resident population of counties in the United States, by single year of age, sex, and race for July 1 of each year from 1990 to 1998.

The county estimates included in this release are developed in a two-step procedure. First a set of state estimates by age, sex, race, and Hispanic origin are developed. These state estimates are developed using a cohort-component technique. The county detail estimates are produced in the second step using a ratio method.

The state detail estimates developed in step one, along with the estimates of the total population of counties, serve as the control totals for the county detail estimates. The methodology used to develop the estimates of the total population of counties is described in "Subnational Estimates of Total Population by the Tax Return Methodology" by Michael Batutis (available from the Population Division, U.S. Bureau of the Census).

The Bureau publishes the data in tabular format on their Website at: <http://www.census.gov/population/www/estimates/countypop.html>.

From: <http://www.census.gov/population/estimates/county/casrh_doc.txt>

"Population Forecast by Age and Race, City of Chicago: 1990–2020"

### City of Chicago Department of Planning

The Chicago population forecast was generated by the City Planning Department using the 1990 Decennial Census, the Current Population Survey, and statistical forecasting techniques.

### *Quarterly Statistics on Income Bulletin*

Internal Revenue Service

Each issue of the Quarterly Statistics on Income Bulletin contains four to eight articles and data releases of recently completed studies, as well as historical tables covering a variety of subject matter from Treasury Department tax collections to taxpayer assistance and tax return projections. Statistics on Income produces separate annual "complete reports" on individual and corporation income tax returns, which contain more comprehensive data than what are published earlier in the Bulletin.

From: <http://www.irs.ustreas.gov/prod/tax_stats/soi/soiprog.html#Dist>

### "Resident Population Estimates of the United States by Age and Sex: April 1, 1990–July 1, 1999"

United States Department of Commerce, Bureau of the Census

The "Resident Population Estimates of the United States by Age and Sex: April 1, 1990–July 1, 1999" include persons residing in the fifty states and the District of Columbia. They exclude residents of the Commonwealth of Puerto Rico and residents of the outlying areas under United States sovereignty or jurisdiction (principally American Samoa, Guam, Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands). Estimates of resident population exclude the United States Armed Forces overseas, as well as civilian United States citizens whose usual place of residence is outside the United States.

Estimates of the United States population by sixteen categories of sex (male, female), race (white; black; American Indian, Eskimo, and Aleut; Asian and Pacific Islander), and Hispanic origin (Hispanic, Non-Hispanic) were derived quarterly by updating the resident population enumerated in the 1990 census through the components of population change. The following components of change were considered in the Bureau's calculations:

(1) 1990 enumeration of resident population,
(2) births to U.S. resident women,
(3) deaths to U.S. residents,
(4) net international migration,
(5) net movement of U.S. Armed Forces and civilian citizens to the United States.

From: <http://www.census.gov/population/estimates/nation/intfile2-1.txt>

### School Lunch Program, Unpublished Preliminary Estimates 1998

United States Department of Agriculture Food and Nutrition Service, Child Nutrition Division

Preliminary unpublished estimates provided by staff at the United States Department of Agriculture Food and Nutrition Service, Child Nutrition Division.

### *Social Security Bulletin,* Annual Statistical Supplement 1989–1998
United States Social Security Administration

The Social Security Administration's *Social Security Bulletin* Annual Statistical Supplement contains comprehensive data on the Social Security and SSI programs. The supplement provides historical summaries of all of the major programs, summaries of current legislative developments, and tables of data on numerous aspects of the programs (e.g., beneficiary counts, benefit amounts, trust fund status, and number of dependents and survivors). The statistical tables also contain data on Medicare, Medicaid, veterans' benefits, and other related income-security programs.

The annual statistical supplement is available online (1998–2000 only) at <http://www.ssa.gov/statistics/Supplement/2000/> and in printed form.

From: <http://www.ssa.gov/statistics/Supplement/2000/>

### *Statistics in Brief: Revenues and Expenditures for Public Elementary and Secondary Education*
United States Department of Education, National Center for Education Statistics

*Statistics in Brief: Revenues and Expenditures for Public Elementary and Secondary Education* is the first reporting of public school finance data for each school year. It contains state-level data on revenues by source and expenditures by function (including expenditures per pupil).

From: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=1999301> and <http://nces.ed.gov/pubs99/1999301/>

### Sterilized Birth Certificate Master File
Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) maintains an automated vital records system that stores birth, death, matched birth/infant death, and fetal death records. The Sterilized Birth Certificate Master File comes from this system and is based on the information found on birth certificates. The public-use file contains no identifying information (i.e., names or social security numbers). IDPH releases the data each year in a calendar-year file containing one record for every live birth in the state. Chapin Hall's files date from January 1, 1978 through December 31, 1998.

The birth files provide information on demographic, socioeconomic, and educational characteristics of both parents, residence of the mother, place of birth, characteristics of the birth process (e.g., high risk, obstetric procedures, complications, abnormal conditions), mother's health behavior, weight gain and medical risk factors, the method of delivery, and number of prenatal medical visits. The file records birth weight of the child as well as any congenital anomalies.

### Sterilized Death Certificate Master File

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) maintains an automated vital records system that stores birth, death, matched birth/infant death, and fetal death records. The Sterilized Death Certificate Master File comes from this system and is based on the information found on death certificates. The public-use file contains no identifying information (i.e., names or social security numbers). IDPH releases the data each year in a calendar-year file containing one record for every death in the state. Chapin Hall's files date from January 1, 1978 through December 31, 1998.

Sterilized death records contain demographic and geographic information on the deceased as well as attributes of the death, such as, the nature and place of injury, date of death, and whether or not an autopsy was performed. For women, the data also indicate whether they were pregnant within three months prior to their deaths.

### *Supplemental Earned Income Report*

Internal Revenue Service

The *Supplemental Earned Income Report* is an official internal document of the IRS that contains a breakdown of Earned Income Tax Credit claims filed. It offers some detailed information on states, such as the number of supplemental earned income claims filed for familes with one child as opposed to families with two or more children. The report is helpful for anyone studying the numbers of children who are benefitting from the Earned Income Tax Credit.

### Transitional Bilingual Education and Transitional Program of Instruction Evaluation Report

Illinois State Board of Education

*The Transitional Bilingual Education and Transitional Program of Instruction Evaluation Report* describes the two Illinois programs that serve limited-English-proficient students in the state. The report addresses issues of program eligibility, enrollment, participant characteristics, location, program types, rates of transition and exit, staff development, and parent involvement. It also examines student assessment, and student performance in mainstream classrooms.

Data for the report are collected using four instruments: 1) the Public School Fall Enrollment/Housing Report, 2) the Annual Student Report, 3) the Program Delivery Report, and 4) the Bilingual Education Follow-Up Survey.

The annual Public School Fall Enrollment/Housing Report records the number of Limited-English-Proficient (LEP) students enrolled in each district. School districts reporting LEP students on their annual Public School Fall Enrollment/Housing Report complete the Annual Student Report and the Program Staffing and Delivery Report.

The Annual Student Report collects individual student data on native language, grade level, other services, time in the Transitional Bilingual Education or Transitional Program of Instruction programs, and program exit (if applicable).

The Program Delivery Report collects program data on staff development, parental involvement, instructional services, and student assessment.

Finally, the Bilingual Education follow-up survey reports individual student performance in mainstream classroom education.

From: <http://www.isbe.state.il.us/research/reports.htm#Reports%20and%20Data>

### *Vital Statistics, Illinois*

Illinois Department of Public Health

*Vital Statistics, Illinois* is an annual publication of the Illinois Department of Public Health that summarizes births, deaths, marriages, and divorces among Illinois residents. Birth and death data are reported by county for all counties and by city for the larger cities in the state. This volume also briefly describes the Vital Statistics Reporting System and cause-of-death classification.

### Youth Risk Behavior Survey

Centers for Disease Control and Prevention

The Youth Risk Behavior Survey is one component of the Youth Risk Behavior Surveillance System (YRBSS), a collection of surveys intended to monitor health-risk behaviors among youth and young adults. These behaviors include: tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (including human immunodeficiency virus [HIV] infection), unhealthy dietary behaviors, and physical inactivity.

The YRBSS is a voluntary system developed by the Centers for Disease Control and Prevention in collaboration with federal, state, and private-sector partners to provide critical information on health-risk behaviors among young people. State and local governments use the information gathered from the surveys to improve health programs and to target them more effectively to youth at risk.

The CDC conducts the national school-based survey and provides technical assistance to state and local educational and health agencies that conduct the local surveys. The national and local surveys are conducted every two years. The 1999 survey includes the national survey, forty-one state surveys, seventeen local surveys, and four territorial surveys conducted among high school students during February and May of 1999.

From: <http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>

# NOTE ON DATA

In our efforts to provide a comprehensive picture of the well-being of Illinois children, we find that great strides have been made in the collection and availability of data on the status of children in Illinois since the publication of the first and second *State of the Child* volumes. A good example of this improvement is data on public education. With the recent policy emphasis on improving public education in the state, the school-level data on key educational outcomes are now readily available through a standardized data reporting known as School Report Card data. This kind of data simply was not available for our last *State of the Child*. New and improved data (such as statewide surveys on youth health-related behaviors), the availability of more administrative data on child well-being indicators, and the development of methodology that increased researchers' ability to utilize administrative data for research purposes underpinned our decision to undertake this volume at this time (see the Data Sources section for a full listing of all sources).

Despite the fact that the overall availability of data has improved, there are still weaknesses in the information base in every topical area concerning children. Furthermore, for some areas of children's lives, there is no current statewide data at all. Specific data problems include the following:

- *Many data sources are not current.* The U.S. Census data is perhaps the best example of this. Although projections are available, we are still dependent on the 1990 decennial census data (and the modifications made to it for a couple of years after it became available) for many of our calculations.
- *Moreover, much key data cannot be provided at the neighborhood level.* For example, we can provide educational performance data at the school level from the annual School Report Card data; however, many children do not attend a neighborhood school. It would be helpful for some purposes to know the educational performance of all children in a particular community.

- *Some data are only available for a limited time period, making it difficult to provide reliable trend data.* For example, as we prepare this report, youth crime index arrest data in Illinois are only available up to 1995. Although we expect that the state-level trend on youth arrests has mirrored the declines in the national trend since the mid-1990s, we were not able to provide more up-to-date data documenting the changes.
- *We lack information on children's needs and outcomes of services.* Much of the data in the report is related to services received by children. Since many children who need services do not receive the services that they need, the usefulness of service receipt data as proxies for child well-being is often limited. Equally important, outcome data are typically not available in the service data, and we seldom know the outcomes of any services for children and their families. Knowing the level of need for a particular service and the outcome of services received would assist greatly in the development of policies and programs.
- *Data are problem oriented, not focused on children's assets.* As the list of the indicators reported in this volume suggests, the current state of knowledge on children's well-being is focused on documenting the lack of problems as indicators of well-being. Clearly, we need to increase our understanding of "positive" aspects of the indicators, such as children's assets.

One reason for the limitations of data on children in Illinois is that no single governmental agency is responsible for producing indicators of well-being of the population—be it children, adolescents, adults, or the elderly. One way to improve the availability of data would be to charge a single state agency with the collection and production of information on the well-being of the Illinois population. The charge of such an agency would be to provide data and information to the public as well as to policy makers and administrators at all levels of government, and to advocates and community leaders. Such a "data intermediary" would arm those working to improve the well-being of children (and all populations) with the information needed to monitor well-being, and to develop and evaluate programs and policies.

A few specific data-collection activities are needed to improve the availability of information and data, with or without a dedicated agency. First, more linked data is needed. Although Chapin Hall Center for Children has done a great deal of this type of work, more work on linking data across the topical areas of the chapters in this volume is needed. Second, richer information is needed. A periodic survey of the status and well-being of children and adolescents is needed. Such a survey would collect data directly from children and their parents on topics where there is no administrative data.

Among the topics that might be included in such a survey are the following:

- Children's activities—How do they spend their days?
- Civic life skills—How aware are youth of their communities' values, and how much do they participate in community activities?
- Personal life skills—What is the level of interpersonal skill among our youth?

In conclusion, despite the fact that great progress has been made over the past two decades in the availability of information and data on the well-being and status of children in Illinois, much is yet to be done. Taking greater advantage of data collected by state agencies, comprehensive and more timely surveys of Illinois children and their parents, and better general population data are the components of a plan to improve the information that policy makers, advocates and administrators need to monitor and improve the well-being of children in Illinois.[1]

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[1] The proposed U.S. Census Bureau's American Community Survey would be a significant improvement to the current state of general population data affairs. It would provide up-to-date profiles of America's communities every year.

Chapin Hall Center for Children at the University of Chicago is an independent research and development center dedicated to the study of issues affecting children. Chapin Hall focuses its efforts on monitoring the condition of children, facilitating the improved delivery of services to children in need, and seeking ways to foster the development of all children. The contexts in which children are supported—primarily their families and communities—are areas of particular interest.

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